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Published by the
South Carolina
Dental Association

Design: Maie Brunson

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The Dentist's Pledge - Revisited

By David Moss, SCDA President

As I was reading through material in preparation for the House of Delegates at the ADA meeting in San Antonio, I happened upon a proposal regarding The Dentist's Pledge. As I thought back to my distant past and considered my start in dentistry following graduation in 1978, I must admit that I do not remember taking The Dentist's Pledge. Now, that's not to say that the Pledge wasn't taken by my class, but I just don't recall it. However, as I thought about it further, it seemed like a good idea to take another look at it and, perhaps, reflect on its influence on the dental profession.



Dr. David Moss

A 2009 article in the Journal of Dental Education sheds more light on The Dentist's Pledge. Such an oath originated at Virginia Commonwealth University and was adopted by the ADA in 1955 as a formal pledge. The intent was to emphasize adherence to the ADA Code of Ethics, the first version of which was adopted in 1866. The Pledge is generally taken by students at their White Coat Ceremony as they prepare for the clinical portion of dental school. At MUSC, it is also recited at the Hooding Ceremony before graduation. Reciting the Pledge emphasizes to the students that there is an enormous trust being placed in their hands by each and every patient that they will ever see in their career. With that in mind, let's take a look at the Pledge.

The Dentist's Pledge

I, (dentist's name), as a member of the dental profession, shall keep this pledge and these stipulations.

I understand and accept that my primary responsibility is to my patients, and I shall dedicate myself to render, to the best of my ability, the highest standard of oral health care and to maintain a relationship of respect and confidence. Therefore, let all come to me safe in the knowledge that their total health and wellbeing are my first considerations.



MUSC Class of 2015 taking the Pledge

I shall accept the responsibility that, as a professional, my competence rests on continuing the attainment of knowledge and skill in the arts and sciences of dentistry.

I acknowledge my obligation to support and sustain the honor and integrity of the profession and to conduct myself in all endeavors such that I shall merit the respect of patients, colleagues and my community. I further commit myself to the betterment of my community for the benefit of all of society.

I shall faithfully observe the American Dental Association's Principles of Ethics and Code of Professional Conduct set forth by the profession. All this I pledge with pride in my commitment to the profession and the public it serves.

Continued on Page 3



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As you read through the Pledge you notice some words that are a challenge to us in our daily practice: dedicate, respect, integrity, commitment and more. Those new dentists that take the Pledge have no idea how difficult some patients can be to treat. It's a fact that we can become overwhelmed by situations that may take our ideals to task. And yet, the reason we take such a vow as the Pledge is not to be perfect, for we know that is unattainable, but we are to strive to push ourselves daily to be a professional worthy of respect from patients, staff, and colleagues.

For example, on our average workday when we look in the mirror as we brush our teeth after lunch, can we think back over that morning and be proud of the treatment we provided? Did we deal with our staff fairly that day? Did we do anything to better our community as mentioned in the Pledge?

This last question brings up an additional thought. There is discussion in some areas of the country to add another aspect to the Pledge. Should there be a vow taken by dentists to help those of our society that are less fortunate than most? Since 2004, the UNC School of Dentistry has had its students take an additional pledge entitled "A Commitment to Serve." Many dental schools are working to incorporate a component of social responsibility to the student experience. MUSC does an excellent job with this through assorted avenues of outreach. The various efforts of states with Missions of Mercy and our own Dental Access Days are a move in the right direction. SCDA works hard to promote the Dental Lifeline program as a means of helping those less fortunate. Many SCDA members serve in free clinics across the state in benevolent care.

Certainly the taking of a vow will not magically cause the ethical and altruistic goals to which one pledges to be fully attained by all practitioners. However, it is a good start for the students as they enter into their dental career. But beyond that, it seems to me that we who are years into dental practice may want to take another look at the Pledge. We might re-focus on what it says as a reminder of the wide-eyed days of yore when we recited those lofty words with our sights set on an idealistic career in dentistry. As for organized dentistry, the very core of all that is good in what we hope that the ADA and the SCDA stand for is succinctly summarized in the Pledge. Come to think of it, it might even be a good idea to stand up as an association and "renew our vows" at a future meeting of the SCDA membership.

SCDA Mediation Committee Training

The SCDA is looking for new members to join the Mediation Committee. We are conducting a Mediation Training to get updated legal recommendations in the mediation process. The purpose of the Mediation Committee is to resolve patient/dentist disputes in an amicable way. If you are interested in possibly serving on this committee, please call to reserve your seat today!

Mediation Committee Training

Guest Speaker **Kris Cato**
with
Rogers Townsend Attorneys at Law

Friday, October 31st, 2014
9:00 am - 1:00 pm

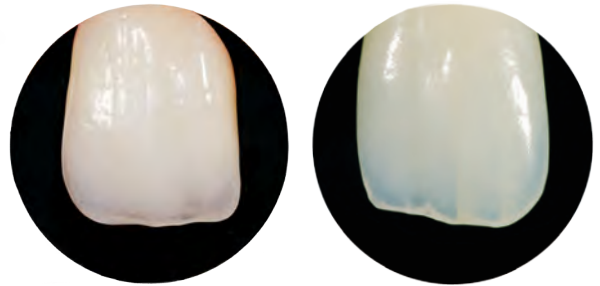
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Call the SCDA office and ask for a retired affidavit so that you can continue to receive all the member benefits you've come to enjoy and expect, but at a quarter of the cost! You can also request a free copy of "Closing a Dental Practice" or click here to go to the SCDA's website to download a copy. Contact Maie Brunson at 800-327-2598 or by emailing her at brunsonm@scda.org

1 out of every 10 dentists will suffer from alcohol or drug abuse at some time in their lives.

If you or someone you know needs help, contact the SCDA's Dental Assistance and Advocacy Committee: 800.327.2598

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16th District Trustee Update

By Dr. Hal Fair, 16th District Trustee

Because we had a June and July BOT meeting this year, my plan was to combine the two meetings into one report. However, as many of you know, I had to leave the July meeting early because of my father's illness. I want to take this opportunity to thank those of you who sent condolences and sympathy notes as a result of his passing. Our 16th District dental family is so very close and I appreciate all of your thoughts and prayers more than you know.



Most of the June BOT meeting work centered on development and preliminary approval of the draft of the 2015 Budget. The board received a draft of Board Report 2 earlier than in previous years, so the report is not final as there are a few open items that will be brought to the July BOT meeting for final approval with the resolutions to be sent as a final report to the HOD. It is now available along with the first set of resolutions on ADA Connect. Please continue to check ADA Connect as new resolutions will continue to be posted.

In support of the new strategic plan, the proposed 2015 budget includes investments in membership growth, with a significant continued IT spending on accelerated Aptify implementation. Our goal is this will help state and local societies and the ADA better understand members and their needs.

As always is the case, the BOT continued the practice of devoting significant time to in-depth strategic discussions. At the June meeting, there was a discussion of the issue of adult Medicaid coverage. The discussion was data driven and revolved around what action the ADA can take in the Medicaid environment to help both our members and the public. We all understand that this is a difficult issue with no easy solutions. We have asked staff to develop a strategy and an action plan and to bring results back as quickly as possible.

As is the Board's custom, the chair of CODA, Dr. John Williams, was invited to address the June BOT meeting. The total number of programs for which CODA is responsible has grown every year since 2006. Approximately 94% of these programs are currently in compliance with CODA accreditation standards. The relationship between ADA and CODA is both important and sensitive. Staff has been asked to work with four Board members to consider how to best promote ongoing dialogue with CODA and report back to us.

The initial focus of the July BOT meeting was on budget and related matters. The Board reviewed and accepted the recommendations of a work group to create a separate, dedicated reserve fund which would allow the Association to accumulate a targeted \$100 million from royalties received from the ADA member insurance plans.

Continued on Page 7

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October Calendar

October 4	New Dentist Committee Day at the Zoo	Riverbanks Zoo	9:00 AM
October 9	ADA Annual Meeting	San Antonio, TX	
October 9	AAHD Annual Meeting	Columbia, SC	
October 17	MBG Board Meeting	SCDA Office	9:00 AM
October 24	SCDA Board Meeting	SCDA Office	9:00 AM
October 31	Mediation Training	SCDA Office	9:00 AM



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Amanda Christy

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Continued from Page 5

Board Report 2 was amended and passed and sent to the HOD via ADA Connect. The report proposed a budget that contained no dues increase with a significant surplus including royalty payments from the ADA Membership Insurance Plans.

Specifically, the BOT is recommending a 2015 operatory budget of \$134,877,000 in revenue and \$128,728,000 in expenses and taxes.

Also at the July meeting, the BOT was pleased to have dinner with the ASDA Board. The ASDA President and Executive Director provided a presentation to the BOT on ASDA activities and ASDA-ADA interactions.

Our strategic discussion at the July BOT meeting revolved around the Millennial Generation. This strategic topic allowed those present to review detailed data on younger dentist and younger patients.

The discussions led to the conclusions that we need to act on data, not on the impressions of leaders. In addition to relying on data, we need to make room for younger dentists to actively participate in our leadership to make it more representative of our general membership.

The ASDA guests were asked how we could improve communication to their generation. The key is immediate, readily available information that is always available to them. There was discussion about the ADA web page. It needs to be more intuitive. This generation is very tech-capable which makes them impatient with technology shortcomings.

What do dental students want from us:

1. Greater ADA constituent and local component presence at their schools
2. More focus on each stage of their careers
3. The ability to choose what they want and when they want it
4. Students are anxious to learn from young dentists who have experienced what is in their immediate future.

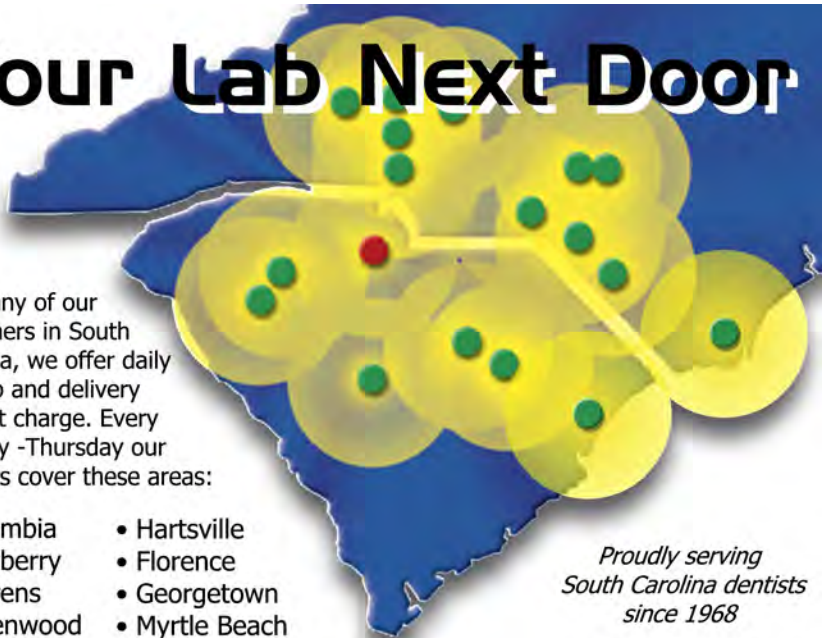
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Executive Director's Notes

The SCDA has planned two upcoming opportunities.



Mr. Phil Latham

Friday, October 31, 2014

There will be a SCDA Mediation Committee Training program led by Attorney Kris Cato who works with Rogers Townsend Law Firm here in Columbia. The SCDA works with Kris and other lawyers in the firm on many issues related to the SCDA. Kris specializes in Mediation and will offer training on how to deal with these situations when they arise and there is a disagreement between the dentist and a patient. The training will begin at 9 a.m. and conclude by 1 p.m. and will be held at the SCDA office in Columbia, SC.

If you plan to attend, please call Sue Copeland at the SCDA office at 803-750-2277 or you can contact her by email at copelands@scda.org as space is limited.

Friday, November 21, 2014

The SCDA has teamed with the DHEC Department of Oral Health and the American Dental Association to offer a water fluoridation advocacy and training workshop. The event will be held at North Tremholm Baptist Church in Columbia, SC beginning at 8:30 a.m. Jane McGinley, MPH from the ADA will be present to facilitate the workshop. She is the Manager for Fluoridation and Preventive Health Activities for ADA's Council on Access, Prevention and Interprofessional Relations (CAPIR). For the past twelve years she has worked closely with dentists, oral health coalitions, dental societies and health departments to assist in their efforts to secure and maintain community water fluoridation programs. Please register below and return the form to the SCDA by fax at 803-750-1644 or you can email Sue Copeland at copelands@scda.org or call her at 803-750-2277 to confirm your attendance.

Registration Form

Name of Dentist Attending:

Name(s) of Other Dental Personnel Attending:

Number for Lunch _____

Email:

Confirmation and other information regarding the workshop will be sent via email and 3 hours of continuing education will be provided.



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The Macaulay Museum of Dental History

MUSC Office of Gift Planning

Located on the campus of the Medical University of South Carolina, the Macaulay Museum of Dental History was founded in 1975 to serve as the university's repository for information and resources about the history of dentistry and dental practitioners.

A finer, more comprehensive collection of dental artifacts does not exist anywhere in South Carolina. The museum houses an impressive collection of dental memorabilia, including historical tools and instruments, a 19th Century dental-office display, a collection of dental chairs and a traveling dentist's chest from the Civil War era.

Though its collection is both rich and expansive, the museum itself is unremarkable, having changed little since its dedication nearly 40 years ago.



Dr. Neill Macaulay

- It has roof leaks and other cosmetic problems.
- Its lighting is very basic and outdated.
- The display cases offer limited visibility.
- It lacks digital and interactive technologies.
- The museum's exhibits have not been updated in years.
- The congested floor plan is difficult to navigate, especially for wheelchair-users.
- It lacks the environmental control systems needed to ensure the safety of its contents.
- The scant descriptive language marginalizes the exhibits' educational value.

On another level, we believe that the museum is no longer a suitable tribute to its namesake, a man who served as an invaluable friend and mentor to generations of dentists in South Carolina, Dr. Neill Macaulay.

For all these reasons, the Medical University of South Carolina is now conducting a campaign to raise \$400,000 to update, renovate and create an endowment for the Macaulay Museum of Dental History.

Our Vision

Through this project, we aim to:

- Restore the museum to its full functionality and structural integrity
- Provide it with a modern, professional appearance
- Update its environmental controls, allowing us to maintain the condition of our artifacts.
- Enhance its educational aspects, through interactive displays and more narrative resources.
- Restore and preserve artifacts and exhibit items
- Arrange the artifacts in contextual thematic groupings, further enhancing their instructional value.
- Enhance the museum's accessibility, through more efficient use of floor space and more user-friendly cabinet designs.
- Provide new storage space, allowing us to store our inventory on site and rotate exhibits on a regular basis.
- Add a new exhibit paying tribute to the life and achievements of Dr. Macaulay.

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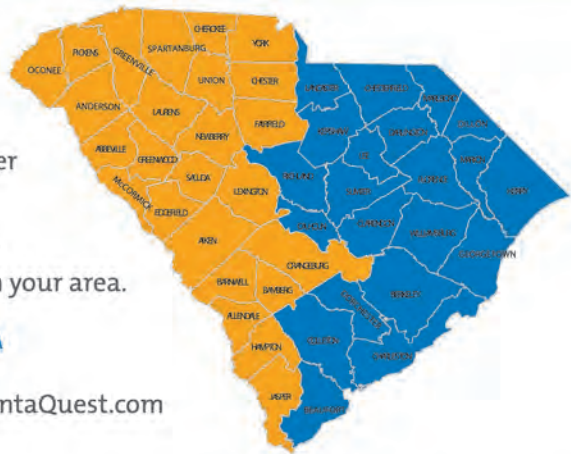
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Medical Plan Open Enrollment

By Mark Brown



Mr. Mark Brown

Open enrollment time is upon those of us who are on the SCDA group medical plan and it will conclude at the start of the 2015 plan year, which is December 1st. Complete details are being included within the October billing statements for those practices who are on the plan.

You may recall the SCDA moved its 2014 plan year up by one month to December 1st last year in order to be able to "grandfather" our group plan under the Affordable Care Act (ACA) legislation. Having done this, the 2015 plan year will too be effective December 1st. An important reminder is that while the plan year may run from December 1st – November 31st, deductibles and out-of-pocket maximums will remain on a calendar year accumulation.

Benefit Changes

We will experience some benefit expansions, per the ACA, for the 2015 plan year and these expansions are the waiver of pre-existing exclusions, removal of annual benefit limits and removal of cost sharing limitations.

Plan Changes, Staff Additions, Etc.

During this open enrollment time of year, participants can opt to change current deductible plans and offices can elect to sign up employees who have yet to obtain these benefits in the past for whatever reason. Please have requested changes into the SCDA office by November 1st, so there is ample time to load all systems for the new plan year. Any and all plan changes and/or staff additions can be made by printing an application/change form off of the SCDA website at www.scda.org, under "Member Benefits" and send to the SCDA office. Under this portion of the website, you can also view the details of the 6 different plans that are offered. Changes will become effective December 1, 2014 and remain in effect until December 1, 2015 when the group plan renews again.

If an employer wishes to change their office's probation period for the coming year, simply request this on the practice's letterhead with signature and send into the SCDA office. Please keep in mind that according to the ACA probation periods cannot be longer than the 1st of the month following 60 days, considering coverage must start on the first of a month.

Premium Savings Available Through GAP Strategy

If you have yet to implement a GAP strategy within your practice, give me a call at the association office. We developed this strategy with Colonial Life and have already implemented it within over 100 members' practices across the state. We have seen in many instances practices are experiencing 14-20% in savings.

The strategy consists of analyzing the current premiums and plan benefits. Depending on the current plan selection, there may be some premium savings available for the practice by shifting to a higher plan design. To help the employees with the additional out-of-pocket exposure, the practice can purchase a GAP plan, which is a supplemental policy, written through our partner, Colonial Life. This policy covers big ticket items such as Hospitalizations, Outpatient Surgeries and Diagnostic Tests. The GAP can be designed to help the employees with the out of pocket exposure they may experience by switching plans, all the while lowering total premium costs.

Exclusively for the SCDA, Colonial Life is now able to waive any pre-existing conditions with this GAP plan, regardless of size of the practice.

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American Dental Association Releases CDT 2015 Codes

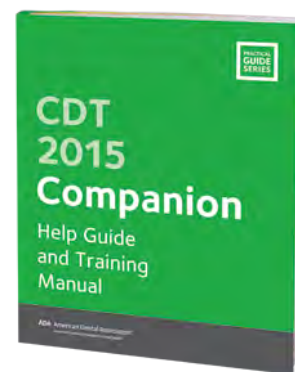
The American Dental Association (ADA) announces the release of CDT 2015. New books, training tools, and an app help dental professionals stay current on dental coding. Don't wait until it's too late – allow time for staff training before the codes go into effect on Jan. 1, 2015.

The new [CDT 2015: Dental Procedure Codes](#) is the only HIPAA-recognized code set for dentistry. Code changes include 15 new procedure codes, 52 revised procedure codes, and 5 deleted procedure codes. It also comes with a searchable CD-ROM.

The [CDT 2015 Companion: Help Guide and Training Manual](#) educates staff on how to code dental office claims quickly and accurately and successfully submit them for reimbursement. The Companion contains more than 150 coding questions and answers, 26 coding exercises, 15 quizzes and a continuing education (CE) test worth 5 CE credits.

The CDT Code Check app, which will be available October 1 for iOS and Android mobile devices, will make CDT codes always accessible. The app will contain a searchable database of both the 2015 and 2014 CDT Codes; a list of new, revised and deleted codes with tracked changes; and a "favorites" section for storing your most frequently used codes.

To purchase any of the CDT coding products, please visit adacatalog.org or call the ADA Member Service Center at (800) 947-4746.



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What Ever Happened to Common Sense and Ethics

By Dr. Noel Fuller, SCDA Member Guest Author

After my August letter and several requests for more insight, I thought I'd share my heart on a few current issues that concern me greatly. Seeing as how I must be careful not to offend anyone with a religious statement, or be denominationally biased in anyway, please let me first say that I have a strong Christian faith, and I am certainly not ashamed to share my testimony about that faith.

So, first of all, common sense! Perhaps I should equate that with NO sense, or no thought. Our current overindulgence with technology and tolerance is turning our country into people who cannot think for themselves, and certainly cannot express truth without the fear of possibly offending someone. Google has replaced our brains, and entertainment is choking us. Yes, the root word for entertain is "to choke." As an endodontist I don't have hygiene checks, so I often ask young people (age 15-40) while I'm waiting for profound anesthesia, "What do you think about... the lost Malaysian plane, our economy, the situation in Israel, etc., etc." Often this helps people get their minds off the upcoming root canal horror stories they have heard, but the majority of the time their response is "What do you mean?" So I say, "I mean what do you THINK about it?" Most people are either at a loss for words, don't know anything about the matter, or are just afraid to share their thoughts. Perhaps it is the "entitlement mentality" – possibility #1 that is running rampant these days, which blocks common sense and a true work ethic, resulting in an ignorant condition. So, what is it that prevents most people from thinking or the inability to express their thoughts verbally?

Personally, I think our switch from a recall based education system to a recognition based system, and I experienced that transition from the College of Charleston, where most of my exams were either oral or written, to MUSC where most of our exams were "pick the best answer;" the latter is a COMPLETELY different thought process. To make a good grade was a simple solution – don't learn the material, just study old tests. So, why is this significant? Perhaps, just perhaps, this change in our education system has led to a genetic deficiency regarding common sense and a lack of incentive to really learn TRUTH, so we are evolving into a species that tolerates nothing as truth; therefore, we degenerate from situational ethics to no ethics at all. Just think about it, genetic recompilation is a real factor, and we are changing; look at the number of kids who don't have 32 teeth now. IQ's are decreasing too – why is that?

Then all we have to do is look at our state government leaders who have an "elitist mentality" –possibility #2, which has infiltrated every profession and kingdom. Mix a little alcohol with politics and money, and one has a real cauldron brew for inefficiency. Then throw in few lobbyists, attorneys, and the aforementioned breakdown in common sense and ethics, and we have a real mess – a stronghold of "Bureaucratic Incompetence," which leads to manipulation and delay tactics foreign to common sense. Perhaps that is why SC cannot make a very simple change in our digital radiation regulations.

At our DAD program in Rock Hill this August 8-9, it was AMAZING to see the turn-out of many of my colleagues from all over the state. We had 4 endodontists performing anterior and bicuspid root canal therapy, and only ONE tube head for X-rays. The 4 of us had to wait in line, sometimes for 5 minutes to take a simple working length xray. Using the Nomad handheld device would have eliminated the waiting time for 2 of us, as my Nomad and sensor could have easily reached our patients who were back to back. I understand that using the Nomad requires a simple variance and some documentation and approval of DHEC, but obtaining the variance is for some reason very problematic, but not allowing me to utilize my Nomad set-up after initial approval by a board member is sheer lunacy. Other states have been able to pass regulations allowing for the use of this device without so much "redtape" so maybe this year we'll see something happen! As for now, SC radiation regulations is a laughing matter all across our nation. Just ask some of the radiation experts and manufacturers.

Peace and blessing to all, Noel drfuller@comporium.net for any questions or comments.

Send us your story ideas!

Do you have an idea for a story? We'd love to hear it. We're always looking for topics of interest to our members.

If you have a suggestion, email Maie Brunson at brunsonm@scda.org or call 800-327-2598. Please be specific We'll let you know if and when your idea will come to fruition. Thanks for your help!

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2013-2014 Annual Report

Andrew, 19, of Lake City, was born with a genetic skin condition that has caused numerous skin cancers on his face and around his mouth. Scarring from his condition made it difficult to use the removable prosthesis that had helped him maintain his oral hygiene. Andrew lives with his mother who also has disabilities and they struggle financially to make ends meet. Donated Dental Services (DDS) volunteer and oral surgeon Thomas McDonald, DMD, surgically placed four implants, and volunteer general dentist Michael Miller, DMD, provided an implant supported bridge fabricated by Progressive Dental Arts, one of 19 South Carolina labs that volunteer for DDS. Components for the bridge were contributed by Dentsply and Ivoclar Vivadent and material for the implants was a gift from Straumann.



Andrew with Dr. Michael Miller.

"Words just can't say how grateful we are. It has changed Drew's life and made it so much better."

– Linda, mother of Andrew, a South Carolina DDS patient

"Andrew's treatment allowed him the ability to chew. My biggest payment and my best reward was seeing Andrew smile." – Dr. Michael Miller

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– Dr. James Szarko

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Last year, South Carolina volunteer dentists and labs treated 50 people with disabilities or who are elderly or medically fragile.



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Dr. George Bumgardner	2013	Dr. Richard McDaniel	2014
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Dr. Kim Capehart	2003	Dr. Michael McEniry	2013
Dr. Ashley Christopher	2013	Dr. Michael McGinnis	2009
Dr. Larry Cobb	2010	Dr. Ted Melchers	2013
Dr. Robert Coles	2014	Dr. Jim Mercer	2013
Dr. Nick Cost	2013	Dr. Julia Mikell	2013
Dr. H. Tigner Culpepper	2006	Dr. Michael Miller	2005
Dr. Melanie Davis	2013	Dr. William Mills	2005
Dr. Kristin Derrick	2013	Dr. James Mills	2013
Dr. David Dickey	2008	Dr. David Moss	2012
Dr. Toney Dillard	2012	Dr. Alina Muntean	2013
Dr. Matthew Dillard	2014	Dr. Strother Murdoch, III	2008
Dr. Isabel Driggers	2013	Dr. Peter M. Murphy	2003
Dr. Derek Dunlap	2013	Dr. Catherine Myrick	2013
Dr. R. Scott Eddy	2013	Dr. Jarrett Newsome	2013
Dr. Thomas Edmonds	2012	Dr. D.W. Newton	1999
Dr. Julian Fair, III	1999	Dr. Carrie Niemann	2013
Dr. Alton Fanning	2013	Dr. Michael Nimmich	2013
Dr. Stephen Fragale	2014	Dr. David Olson	2005
Dr. Jeff Gardner	2009	Dr. Thomas Pare	2013
Dr. Paul Giddings	2005	Dr. Joseph Park	2013
Dr. Robert Gohean	2014	Dr. Thomas Parnell	2013
Dr. Gregory Greiner	2014	Dr. Gloria Pipkin	2012
Dr. Jeffrey Hall	2013	Dr. Sherry Powell	2013
Dr. Mark Hauser	2012	Dr. Sharla Price	2014
Dr. Jason Hehr	2014	Dr. Loring Ross	2013
Dr. J. Hunter Hicklin	2013	Dr. Christopher Rouse	2013
Dr. Robert Higgins	2014	Dr. Kari Ryan	2013
Dr. Kevin Hogan	2011	Dr. Jason Solomon	2009
Dr. Ann Holzhauser	2013	Dr. Heath Stewart, Jr.	2013
Dr. Jeff Horowitz	2014	Dr. Edward Strauss	2013
Dr. Dale Hunt	2013	Dr. James Swick	2014
Dr. David Ivey	1999	Dr. David Tevepaugh	2013
Dr. Elizabeth Jabbour	2012	Dr. JoAnn Thompson	2014
Dr. David Jordan	2014	Dr. Bradley Tiller	2004
Dr. Robert Joseph	2014	Dr. William Trotter	2013
Dr. W. Philip Kennedy	1999	Dr. Vanessa Vargas	2013
Dr. Charles King	2012	Dr. Thad Vincent	2009
Dr. Karen Kramer	2013	Dr. Charles Welch	2008
Dr. Jonathan LaFond	2008	Dr. Scott Wietecha	2013
Dr. Jeff Laro	2014	Dr. Terry Willis	2014
Dr. James Lemon	2013	Dr. Bryan Wingate	2013
Dr. Stephen Linder, Sr.	2013	Dr. McKenzie Woodard	2014
Dr. David Lovit	2012	Dr. Charles Wyont	2014
Dr. Kenneth Lowry	2013		

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SOUTH CAROLINA DONATED DENTAL SERVICES (DDS)

Fiscal Year 2013-2014

PATIENT TREATMENT

Number of Patients Treated	50
Number of Applications Received.....	204
Number of Volunteer Dentists	94
Number of Volunteer In-State Labs	19

FINANCIAL

Value of Care to Patients Treated ¹	\$202,452
Average Value of Treatment/Case.....	\$4,049
Value of Donated Lab Services ¹	\$24,967

SINCE SOUTH CAROLINA PROGRAM INCEPTION (1998)

Total Patients Treated	117
Total Value of Care to Patients Treated ¹	\$453,414

¹ Lab services also included in Value of Care to Patients Treated

SOUTH CAROLINA DDS

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American Academy of Periodontology	American Dental Assistants Association
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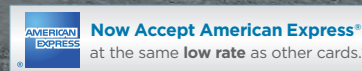
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