



6. In December of 2010, Respondent extracted patient AW's tooth #5, sectioned her existing bridge, and placed implants at #5 and #14 with sinus augmentation.

7. In June of 2011, he delivered a Locator retained maxillary removable partial denture (RPD).

8. Throughout 2011 and 2012, patient AW experienced difficulties with the metal framework of the RPD.

9. On April 2, 2013, patient AW presented to Respondent with a broken RPD without retention due to lack of coronal tooth structure. Respondent's treatment plan included removing all of AW's remaining dentition and placing implant retained dentures.

10. In April of 2013, Respondent extracted teeth 7, 8, 9, 10, 12 and 13, removed the implant at #5 and performed an alveoplasty. Respondent attempted to place an implant at tooth #3 but was unable to achieve primary stability. He was unable to place an implant at #6 due to intense pain, and he placed an implant at #10.

11. In August of 2013, Respondent placed implants at teeth #5 and #7.

12. Patient AW experienced pain at implant #5, and it was subsequently removed on February 25, 2014. When Respondent removed the implant at #5 sinus communication occurred, and Collacote was placed over the sinus opening and sutured. An additional implant was placed at tooth #6.

13. On March 3, 2014, patient AW was seen by Respondent, and he noted in her chart that she would "see Rick at the lab for delivery of denture when she feels better."

14. Over the course of the next year, patient AW returned multiple times for adjustments and complaints of pain while her RPD was in the process of being fabricated. The RPD was delivered on November 20, 2014.

15. On March 11, 2015, patient AW reported pressure from the RPD. Respondent noted the threads were showing on the implant at #10.

16. Respondent then began a treatment plan to restore patient AW's mandible. On May 7, 2015, Respondent extracted teeth #22 and 27 and placed implants at #21 and 28. Respondent performed a preoperative cone beam CT scan, but noted that the patient moved and the CT was blurry. He did not perform a repeat scan.

17. The mandibular overdenture was delivered on May 14, 2015. Patient AW had difficulty with the mandibular overdenture, stating it was rocking antero-posteriorly and caused her discomfort.

18. Respondent's treatment notes dated July 15, 2015 and August 26, 2015 references patient AW being seen by the laboratory technician. Respondent confirmed to a Board investigator that he sent patient AW to the laboratory without a dentist being present.

19. Patient AW states that the lab technician adjusted the prostheses and placed them in her mouth to see if further adjustments were needed.

20. On September 1, 2015, patient AW returned to Respondent's office for removal of the RPD, so it could be modified to assist with cleaning. Respondent noted that food was impacted under the RPD.

21. Respondent took impressions for a new mandibular overdenture. The denture was delivered on September 24, 2015.

22. Patient AW continued to have difficulty with the RPD. In November 2015, Respondent began the process to replace the RPD, and a new RPD was delivered on December 10, 2015.

23. Patient AW continued to return to Respondent's office with complaints of discomfort and inflamed gingiva. Her last appointment with respondent was on June 9, 2016.

24. On September 26, 2016, patient AW was evaluated by Dr. MH at UNC for a second opinion. Dr. MH ordered a Cone Beam CT scan and examined patient AW.

25. Dr. MH recommended the maxillary bridge be converted to a maxillary overdenture and diagnosed the maxillary implants as having a "guarded to poor prognosis."

26. Dr. MH stated the mandibular implants were both placed too shallow and did not allow appropriate vertical dimension. He recommended that all of the implants be removed.

27. In May of 2017, patient AW consulted with Dr. SJ who performed a cone beam CT and concluded that patient AW would need to consider having the implants removed along with grafting or zygomatic implants.

28. The Board's Investigative Panel asked an independent evaluator, Dr. DH, to review patient AW's file. Dr. DH concluded that the radiographs showed potentially inadequate bone to support the maxillary bridge which could have led to multiple implant failures.

Based upon the foregoing Findings of Fact and the consent of the parties hereto, the Dental Board enters the following:

### CONCLUSIONS OF LAW

1. The N.C. State Board of Dental Examiners has jurisdiction over the subject matter of this action and over the person of Respondent.

2. Respondent was properly notified of this matter and has agreed to the entry of this Consent Order.

3. Respondent's treatment of Patient AW, as set forth in the Findings of Fact, violated the standard of care in North Carolina and N.C. Gen. Stat. § 90-41(a)(6) and (12) in the following manner:

a. Respondent placed implants where there was insufficient bone structure;  
and

b. Respondent failed to obtain a diagnostic preoperative radiograph before extracting teeth #22 and 27 and placing implants at #21 and 28 on May 7, 2015.

4. N.C. Gen. Stat. § 90-29(b) defines the practice of dentistry, and § 90-29(a) prohibits anyone other than a North Carolina licensed dentist from engaging in the practice of dentistry.

5. Respondent violated N.C. Gen. Stat. § 90-41(a)(6) and (11) and § 90-29(b)(8) by aiding and abetting unlicensed lab personnel in the practice of dentistry, as set forth in Findings 13, 18 and 19.

Based upon the foregoing Findings of Fact and Conclusions of Law and with the consent of the parties hereto, it is ORDERED as follows:

### ORDER OF DISCIPLINE

1. Respondent, Frank Avason, III, is hereby Reprimanded for his violation of N.C. Gen. Stat. § 90-41(a)(6), (11) and (12).

2. Respondent shall, within one (1) year from the date of this Order, complete continuing education courses especially designed for him by the University of North Carolina School of Dentistry in conjunction with, and approved in advance by, the Board, including (a) a minimum of six (6) hours of comprehensive, remedial courses in (a) complex implant placement and restoration involving full arch; and (b) a minimum of six (6) hours of comprehensive remedial courses in jurisprudence including delegable duties and lab supervision. This requirement shall be in addition to the continuing education required by the Board for renewal of Respondent's dental license. Respondent shall submit to the Board's Director of Investigations written proof of satisfactory completion of these courses before they will be accepted in satisfaction of this requirement. It is the Respondent's responsibility to make all arrangements for and bear the costs of these courses within the specified time.

3. Within thirty (30) days of the date of this Order, Respondent shall reimburse the Board for the costs associated with the investigation of this matter in the amount of \$1,500.00.

4. If Respondent fails to comply with any provision of this Order or breaches any term or condition thereof, the Board shall promptly schedule a public Show Cause Hearing to allow Respondent an opportunity to show cause as to why Respondent should not be disciplined for violating a valid order of the Board. If as a result of the Show Cause Hearing, the Board is satisfied that Respondent failed to comply or breached any term or condition of this Order, the Board shall enter such discipline as the evidence warrants. This sanction shall be in addition to

this Order and not in lieu of any sanction the Board may impose as a result of future violations of the Dental Practice Act or of the Board's Rules.

This the 8<sup>th</sup> day of November, 2018.

THE NORTH CAROLINA STATE  
BOARD OF DENTAL EXAMINERS


By: Merlin W. Young DDS  
Dr. Merlin W. Young, Presiding Officer  
on behalf of the Hearing Panel

The N.C. State Board of Dental Examiners

STATEMENT OF CONSENT

I, Frank Avason, III, D.D.S., do hereby certify that I have read the foregoing Consent Order in its entirety. I assent to its terms and conditions set out herein. I freely and voluntarily admit that there is a factual basis for the findings of fact herein, that the findings of fact support the conclusions of law, that I will not contest the findings of fact, the conclusions of law, or the order in any future proceedings before or involving the Dental Board, including if future disciplinary proceedings or action is warranted in this matter. I knowingly waive any right to appeal or otherwise later challenge this Consent Order once entered. I understand that the Board will report the contents of this Consent Order to the National Practitioner Data Bank and that this Consent Order will become part of the Board's permanent public record. I further acknowledge that this required reporting may have adverse consequences in other contexts and any potential effects will not be the basis for a reconsideration of this Consent Order. I have had the opportunity to consult with an attorney prior to signing this Consent Order.

This the 11th day of October, 2018.

  
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Frank Avason, III, D.D.S.