BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

In the Matter of: Gurvinder Bhatti, D.D.S. (License No. 9631)	)	**CONSENT ORDER**

THIS MATTER is before the North Carolina State Board of Dental Examiners ["Board"] as authorized by N.C. Gen. Stat. 90-41.1(b) for consideration of a Consent Order concerning Gurvinder Bhatti, D.D.S. ["Dr. Bhatti" or "Respondent"], in lieu of a formal administrative contested case hearing. Nicholas Dowgul represented Respondent. Douglas J. Brocker represented the Board's Investigative Panel ["IP"]. Based upon the information obtained in its investigation, the Board enters the following:

FINDINGS OF FACT

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding pursuant to the authority granted to it in Chapter 90 of the North Carolina General Statutes, including the Dental Practice Act and the Rules and Regulations of the Board.

2. Respondent was licensed to practice dentistry in North Carolina on December 6, 2013, and has held license number 9631 since then.

3. Respondent is subject to the Dental Practice Act and the Board's Rules and Regulations.

Treatment of Patient MD

4. On May 16, 2025, the Board received a complaint from Patient MD who had been treated by Respondent from September 2023 through November 2024 and reported experiencing significant complications following her treatment.

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5. Patient MD presented to Respondent's dental office on September 5, 2023, for an evaluation.

6. Respondent treatment planned Patient MD for bone grafting and implants in the areas of #19, 30, and 31; buildups and crowns on teeth #6-10; and two bridges between teeth #3-5 and 11-14.

7. In mid-October 2023, Respondent began extensive restoration treatment on Patient MD including what he documented as buildups and placement of temporary crowns on teeth #6-10; temporary bridges spanning teeth #3-5 and #11-14; and bone grafting and immediate placement of implants at site #19, 30, and 31.

8. Later in October 2023, Patient MD returned for additional restorative work, including placing permanent crowns on teeth #6, 9, and 10; refitting crowns on teeth #7-8 due to improper fit and spacing; and placing permanent bridges on teeth #3-5 and 11-14.

9. Patient MD advised Respondent that she wanted to concentrate on the upper crowns first before proceeding with restoring the lower implants he had placed.

10. Over the next several months into early 2024, Patient MD returned to Respondent's office for several visits and expressed her displeasure with the restorative work Respondent had done in the maxillary arch, particularly the crowns.

11. Patient MD reported the issues she was experiencing since Respondent began the restorative treatment, including sensitivity, persistent headaches, and trouble eating.

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12. Respondent's records indicate he wanted to replace two crowns at a time, but Patient MD wanted all the work redone at the same time to address the ongoing health issues she reported experiencing since the treatment began.

13. On November 15, 2024, over a year after he began extensive restorative treatment, Respondent recommended that Patient MD see an orthodontist to fix her overjet prior to starting any of the retreatment for all of the crowns. This clinical note was the first and only time this recommendation to address her orthodontic issues appears in the treatment record.

14. Respondent's treatment records for Patient MD were evaluated for the IP by Dr. JD, who concluded that the treatment Respondent provided to Patient MD was below the standard of care.

Treatment of Patient JB

15. In or around May 2025, the Board received a complaint from Patient JB who had been treated by Respondent between May 1 and May 15, 2025.

16. On May 1, 2025, Patient JB presented to Respondent with a chipped tooth #9.

17. Respondent took an x-ray of the small chip before placing a crown.

18. Treatment records reflect notes that Respondent advised Patient JB that with an incisal chip or fracture, the best treatment option would be to do a crown because he stated that a filling would break off.

19. Patient JB accepted Respondent's recommendation as the treatment provider. According to the record, Respondent prepared, completed a buildup on the small chip, and placed a temporary crown on tooth #9. Patient JB paid Respondent

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approximately $2,000 for that treatment on May 1, 2025, in addition to the amounts she paid for the evaluation and radiographs.

20. On May 14, 2025, Patient JB returned for delivery of the permanent crown on tooth #9.

21. At this appointment, Patient JB indicated that she felt the crown on tooth #9 was unnecessary, and Respondent's records indicate that they discussed a filling on the initial appointment but reiterated his statement that due to the incisal fracture, he believed the crown was the better option.

22. Respondent refunded the cost of the crown work to Patient JB during that appointment, according to the treatment record.

23. Patient JB returned to Respondent's office on two more occasions in May 2025 for adjustments on the crown.

24. Respondent's treatment records for Patient JB were evaluated for the IP by Dr. JD, who concluded that the treatment Respondent provided to Patient JB -- specifically placing a crown and buildup for the small chip on tooth #9 -- did not comply with the applicable standard of care.

Treatment of Patient MH

25. On August 20, 2025, the Board received a complaint from Patient MH who had been treated by Respondent between September 2024 and June 2025.

26. On September 25, 2024, Patient MH presented for a consultation with Respondent after a lengthy and difficult prior treatment history.

27. Respondent created a treatment plan to place three implants with corresponding bone grafts, in addition to the existing five implants from prior treatments,

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and to fabricate new complete upper and lower dentures using both the existing and new implants to retain the new dentures. The treatment record did not document the type of prior implants or when they were placed.

28. On October 2, 2024, Respondent placed implants and then bone grafts at sites #3, 11, and 23, according to the treatment notes. Respondent's treatment record did not document the manufacturer or lot number for the bone grafts it indicated were placed.

29. Respondent saw Patient MH several times over the next few months through April 2025 for postop checks and to move forward with treatment, including denture try in, fittings, delivery, and adjustments.

30. On May 2, 2025, Patient MH presented for removal of healing abutments and attachment of locator abutments at sites #3, 6, 11, and 13.

31. Patient MH then had a series of visits with Respondent where he could not successfully attach either the upper or lower overdentures to certain locator abutments for the implants that had been previously placed.

32. The last time Patient MH presented to Respondent was on June 17, 2025, for replacement of locator abutments at sites #6, 26, and 28. Locator abutments were replaced, but the abutment at #28 still would not seat in the lower denture.

33. Respondent's treatment records for Patient MH were evaluated for the IP by Dr. JD, who ultimately concluded that the treatment Respondent provided to Patient MH was below the standard of care and specifically that Patient MH should have been referred to a specialist when Respondent initially evaluated him, given the complexity of the treatment and prior difficulties.

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Based upon the foregoing Findings of Fact, the Hearing Panel enters the following:

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the subject matter of this action and over Respondent.

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

3. Respondent violated the standard of care and N.C. Gen. Stat. § 90-41(a)(6) and (12) and 21 NCAC 16T .0101 in his treatment of and record maintained for Patient MD, as set forth in Paragraphs 4-14.

4. Respondent violated the standard of care and N.C. Gen. Stat. § 90-41(a)(6) and (12) and 21 NCAC 16T .0101 and 16T .0103 in his treatment of and record maintained for Patient JB, including failing to obtain informed consent, as set forth in Paragraphs 15-24.

5. Respondent violated the standard of care and N.C. Gen. Stat. § 90-41(a)(6) and (12) and 21 NCAC 16T .0101 and 16T .0103 in his treatment of and record maintained for Patient MH, as set forth in Paragraphs 25-33.

ADDITIONAL FINDINGS AND CONCLUSIONS CONCERNING DISCIPLINE

1. Respondent has had multiple complaints filed with the Board by patients since 2021.

2. Respondent was issued a letter of warning regarding patient communication and recordkeeping in 2024.

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3. Respondent was issued a second letter of warning in 2025 involving a crown and build up, as well as inadequate treatment planning.

4. In addition to the two letters of warning, Respondent has received several letters of caution from the Board.

5. The above findings and conclusions regarding the three pending complaints, combined with the prior warnings and cautions, form a pattern requiring remedial action concerning Respondent to carry out the Board's duty to protect the public.

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

ORDER OF DISCIPLINE

1. License number 9631 issued to Respondent for the practice of dentistry in North Carolina is suspended for a period of one year but conditionally restored with no active suspension, provided that for a period of at least 3 years, Respondent complies with the probationary conditions and requirements in Paragraphs 2-9 of this Consent Order of Discipline ["Probationary Status'].

2. Within 90 days of the date of this Order, Respondent shall reimburse Patient MD and Patient MH any amounts paid and shall write off any amounts still owed. Respondent shall provide proof of payment to the Board in the form of a cancelled check and documentation that any amounts owed to the practice have been written off. The reimbursements and the write offs do not represent a release of claims, and Respondent cannot request or require any release as part of the reimbursement. If Respondent makes

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a good faith attempt to reimburse the patients timely and is unsuccessful, he shall continue to attempt to locate and reimburse the patients during the probationary period.

3. Within 90 days, Respondent shall engage a licensed North Carolina dentist approved by the Board's IP to serve as a practice monitor related to any practice in which he engages in the practice of dentistry ["Practice Monitor"]. Within 30 days of entry of the Consent Order, Respondent shall submit a proposed Practice Monitor for review and potential approval by the Board's IP, at its discretion. The Practice Monitor shall meet face to face with Respondent regularly and no less than quarterly and review example patient charts and billing records selected by the Practice Monitor, not by Respondent or his employees. Face to face includes meeting in person or virtually using both visual and audio means. During these meetings, the Practice Monitor shall examine example patient records to determine Respondent's compliance with all requirements, including the subject areas of the Customized CE Programs in Paragraphs 4-5. Respondent shall ensure that the Practice Monitor prepares and submits to the Board quarterly reports with findings concerning those issues for the quarter, including identifying the specific patient treatment and billing records reviewed. The IP reserves the right to review the charts that the Practice Monitor selects for the report, which records Respondent shall provide to the IP upon its request. The reports shall be due no later than January 1, April 1, July 1, and October 1, for the previous quarter in each year. **In addition, the Practice Monitor must review and submit separate reports to the IP on the first ten implants placed by Respondent**. Respondent is responsible for payment of all costs associated with this monitoring. If the Practice Monitor reports information to the Board indicating that Respondent may be engaging in a violation of the Board's statutes or regulations,

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Respondent understands that such findings may result in further disciplinary action by the Board, including potential activation of his suspension, following notice to Respondent and an opportunity to be heard.

4. Within 180 days after the effective date of this Consent Order, Respondent shall complete a customized continuing education program especially designed for him by the University of North Carolina School of Dentistry or the East Carolina School of Dental Medicine in conjunction with and approved in advance by the Board's IP ["Customized CE Program"], covering the following subject areas: (1) recordkeeping; (2) patient selection, treatment planning, and informed consent; (3) insurance billing/coding; and (4) basic crown and bridge.

5. Within one year of the effective date of this Consent Order, Respondent shall complete a separate Customized CE Program covering: (1) complex restoration and (2) full mouth restorations.

6. The Customized CE Program requirements in Paragraphs 4 and 5 are subject to the following conditions:

a. Both shall be in addition to the continuing education required by the Board for renewal of Respondent's dental license.

b. Respondent shall submit to the IP written proof of satisfactory completion of the Customized CE Programs before each will be accepted to satisfy the requirements of this Order.

c. Respondent is solely responsible for making all arrangements for and bearing the costs of each Customized CE Program within the specified timeframe.

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7. Respondent shall not treat any patients involving Complex Restorations prior to completing both Customized CE Programs. For purposes of this Consent Order, Complex Restorations means any contemporaneous or sequential treatment of a patient involving more than three crowns, more than a three-unit bridge, or more than a single implant. Respondent shall refer any Complex Restoration cases to another qualified Practitioner, including for any ongoing treatment not completed upon entry of this Consent Order. Instead of referring Complex Restoration cases in mid-treatment to a qualified Practitioner, Respondent can offer those current patients the option for him to retain a qualified Practitioner to complete the Complex Restorations at Respondent's own cost and no additional charges to the patient and with the patient's consent. The Board shall not treat Respondent's referral of a patient in mid-treatment to a qualified Practitioner to complete Complex Restorations pursuant this Consent Order as an abandonment of the patient.

8. After Respondent has completed the Customized CE Programs and submitted proof to the IP and before resuming any Complex Restorations, Respondent must submit prior written notice to the IP. Thereafter, the Practice Monitor must review and submit separate reports to the IP on the first ten Complex Restorations after Respondent resumes such treatment.

9. Respondent shall also adhere to the following standard additional terms and conditions throughout the Probationary Status period:

a. Respondent shall violate no provision of the Dental Practice Act or the Board's rules.

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b. Respondent shall neither direct nor permit any of his employees to violate any provision of the Dental Practice Act or the Board's rules.

c. Respondent shall permit the Board or its agents to inspect and observe his office, conduct a random review of patient chart records, and interview employers, employees, and coworkers at any time during normal office hours.

d. Respondent shall comply with all requirements for license renewal, including CEs.

e. Respondent shall keep the Board apprised of his current address, phone number, and email address and notify the Board of any change to that contact information no later than ten (10) days after it becomes effective.

10. After a minimum of three years, Respondent may petition the Board to have his license released from Probationary Status. To have his license released from Probationary Status, Respondent has the burden to demonstrate full compliance with all probationary conditions and requirements in Paragraphs 2-9 and to demonstrate that the Practice Monitor reports were timely submitted and contained no violations or concerns for at least the last twelve consecutive months prior to submitting a petition. Respondent's license shall remain on Probationary Status until the Board grants such a Petition.

11. Respondent recognizes that the conditions, limitations, or requirements set forth in this Consent Order may present him with certain practical difficulties. The Board concludes that each one is necessary to ensure public protection and it does not intend to

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modify or eliminate any of the conditions, limitations, or requirements set forth herein based on such potential difficulties, except as noted herein.

12. If Respondent fails to comply with any provision of this Consent 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 the suspension of Respondent's license shall not be activated for violating a valid order of the Board. If after the Show Cause Hearing, the Board is satisfied that Respondent failed to comply or breached any term or condition of this Consent Order, the Board shall activate the suspension of his license and may enter such other discipline or conditions as the evidence warrants for proven violations of the Dental Practice Act or of the Board's rules occurring after entry of this Order.

13. This Consent Order and the provisions contained herein shall be effective upon entry.

14. Any care or treatment provided by Respondent to a patient prior to entry of this Consent Order shall not constitute a violation of the Order, regardless of when a complaint is submitted to the Board. Any potential complaint concerning Respondent's treatment occurring prior to the effective date shall be investigated and determined separately and without implicating this Consent Order.

15. The Board shall retain jurisdiction of this matter and Respondent to enforce the provisions herein or enter orders as necessary in the future.

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This the 10th day of February 2026.

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

Casie S. Goode

Casie S. Goode
Director of Investigations

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STATEMENT OF CONSENT

I, Gurvinder Bhatti, D.D.S., consent as follows solely for the purposes of this proceeding and any future proceedings before or involving the Board: I hereby certify that I have read the foregoing Consent Order in its entirety. I assent to its terms and conditions set out herein and desire to resolve this matter without the need for formal proceedings. I freely and voluntarily acknowledge that I will not contest any of the findings, conclusions, or the requirements and conditions in the order in any future proceedings before or involving the Board but make no admissions for any other purposes or proceedings. I knowingly waive any right to seek judicial review, appeal, or otherwise challenge this Consent Order once entered. In exchange for resolving this matter without further proceedings or action and upon entry of the Consent Order, I forever release the Board, and all its members, officials, agents, counsel, representatives, and employees, both past and present, in their individual or official capacities, from any and all liability, suits, claims, and causes of action arising prior to or as a result of the execution of this Consent Order. I agree to service of the Consent Order to the email address of my counsel and waive service by any other method. 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 consulted with my attorney prior to signing this Consent Order.

This the 9 day of February 2026.

Gurvinder Bhatti, D.D.S.

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Waiver of Limited Ex Parte Communication

I understand that the proposed Consent Order that I have signed is subject to review and approval and is not effective until approved by the Hearing Panel. **I agree and consent that the Hearing Panel members may be provided with the proposed Consent Order for review and consideration.**

I further agree and consent that the Board staff, the Investigative Panel (IP), and its counsel may discuss the proposed Consent Order and related information and documentation with Hearing Panel members for the purpose of advocating approval of the proposed Consent Order without me or my counsel being present.

If the proposed Consent Order is not approved, I agree and consent that neither I nor anyone on my behalf will assert that these limited ex parte communications, including review of the documents, will disqualify any Hearing Panel members from considering and deciding this matter after a contested case hearing. I also understand that rejection of the proposed Consent Order will not be a basis for a further continuance of the scheduled hearing dates.

I also agree that I am not entitled to obtain or discover the above-referenced limited communications or the substance of these communications between the Hearing Panel members and the Board staff, the IP, and its counsel, regardless of whether the proposed Consent Order is approved.

I have consulted with my counsel before signing and agreeing to this waiver of limited ex parte communication.

Gurvinder Bhatti, D.D.S. — 02 / 09 / 2026 — Date

Nick Dowgul

Nicholas Dowgul
Counsel for Respondent — 02 / 09 / 2026 — Date

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