BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

In the Matter of: Donna Michelle Gentry, D.D.S. (License No. 9838)	)	**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 Donna Michelle Gentry, D.D.S. ["Dr. Gentry" or "Respondent"], in lieu of a formal administrative contested case hearing. Jonathan Patton and Josh Hiller represented Respondent. Crystal S. Carlisle represented the Board's Investigative Panel ["IP"]. Based upon the information obtained in its investigation and the consent of the parties hereto, 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 July 18, 2014 and has held license number 9838 since then. Respondent also holds moderate conscious sedation permit number 1147, which the Board issued on March 6, 2019.

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

4. On February 24, 2025, the Board received a complaint from a patient that Respondent had treated ["the Patient"].

5. On October 13, 2022, the Patient presented to Respondent for a limited examination. The Patient wanted to discuss treatment options for the crown on tooth #14 and the replacement of the existing bridge at #29-31. Respondent took radiographs of the areas and noted recurrent decay underneath the crown on tooth #14 and the bridge at teeth #29-31. Respondent informed the Patient that she would need a new crown and bridge or potentially extractions if the decay was too deep.

6. The Patient presented for an all-porcelain crown and build up on tooth #14 on October 17, 2022, and Respondent seated the crown on November 7, 2022.

7. Also on November 7, 2022, Respondent performed an all-porcelain crown and build up at #29-31 and delivered and temporarily cemented temporaries.

8. The Patient presented for delivery of the permanent bridge on January 4, 2023. The Patient reported that her temporary bridge had broken. Respondent's clinical examination revealed that tooth #31 was not restorable.

9. Respondent noted that tooth #31 would need to be extracted and a bone graft placed, and a new bridge would need to be fabricated at #28-32. Respondent informed the Patient that the alternative was to extract teeth #29 and #31 and place bone grafts, and then place implants at those sites. Respondent noted that the Patient elected to extract #31 and place the bridge at #28-32. Respondent recemented the temporary bridge in the interim.

10. On March 16, 2023, the Patient presented to Respondent's office for the extraction of tooth #31 and for preparation of the crown and bridge. She advised Respondent that the existing bridge had completely come off. Prior to initiating the treatment, Respondent again discussed with the Patient the option of extracting teeth #31

and #29 and placing implants at those sites. Respondent noted the Patient agreed to that alternative treatment plan. Respondent placed a temporary crown on tooth #28.

11. During the implant procedure, Respondent's office lost electricity. Respondent noted that the outage caused her server to shut down and all radiographs were lost, and she could not take a final x-ray to confirm the position of the implants. Respondent noted that the patient would need a follow-up appointment in two weeks to take photographs and radiographs.

12. Two weeks after the implant procedure, on March 30, 2023, the Patient returned to Respondent's office with a chief complaint of pain at the crown on tooth #14. She rated the pain as 3/10 on a scale from 1-10. Respondent referred the Patient to an endodontist for evaluation of tooth #14; however, Respondent did not take any radiographs to check the position of the implants while the Patient was in her office.

13. On April 17, 2023, the Patient returned to Respondent's office for a postoperative check of the implants. Respondent's treatment notes indicate that the Patient was healing within normal limits; however, a radiograph revealed that the implant at the site of #29 was encroaching on tooth #28. Respondent's notes indicate that the implant and bone graft at the site of #29 would need to be removed and replaced once healing was complete. The provisional crown at #28 was removed, and the permanent crown was tried-in and delivered.

14. Respondent notes that the Patient was dismissed from the April 17, 2023 appointment by a dental assistant prior to being seen by Respondent and the Patient would need to be rescheduled immediately. There is no indication in the Patient's treatment records that anyone from Respondent's office attempted to contact the Patient

regarding returning to Respondent's office until April 25, 2023. There are also no notes regarding an antibiotic prescribed for the Patient on this date.

15. On April 20, 2023, the Patient contacted Respondent's office to inquire about a prescription she had been informed would be called into the pharmacy which had not been called in. A prescription for ciprofloxacin was not called in until the following day. The Patient was not informed why she was prescribed the medication, and the treatment notes do not indicate why the medication was prescribed.

16. The Patient was ultimately scheduled to be seen by Respondent again on May 16, 2023. There is no indication in the treatment notes that Respondent contacted her to express urgency in her returning to Respondent's office to check the position of the implants.

17. The Patient went to another general dentist, Dr. W.H., for an evaluation on May 10, 2023. Dr. W.H. noted that the implant at the site of #29 was too close to tooth #28 and was not parallel to tooth #28. He also noted a dark spot on the root of tooth #28 and referred the Patient to a periodontist for another evaluation.

18. On May 11, 2023, the Patient contacted Respondent's office and spoke to a person on Respondent's staff. The Patient canceled her appointment on May 16, 2023 and expressed displeasure with the length of time she had to wait to obtain an appointment to get the implant removed. She also expressed frustration with information being provided to her primarily by dental assistants instead of Respondent. Respondent agreed to refund the Patient and her insurance company for the services performed on March 16, 2023.

19. On May 17, 2023, the Patient presented to periodontist, Dr. P.M. Dr. P.M. noted that the implant at the site of #29 was placed too close to tooth #28 which likely damaged the root of tooth #28. Dr. P.M. also noted that the implant at the site of #29 was not prosthetically useful and would need to be placed at a better angle. Dr. P.M. provided the Patient with a treatment plan for the extraction of tooth #28 and the removal of the implants at the #29 and #30 sites.

20. The Patient returned to Dr. P.M.'s office on June 14, 2023 for the extraction of tooth #28 and the removal of the implants. During the extractions, Dr. P.M. noted that the implant at the site of #29 was touching the distal of tooth #28 and the tooth was slightly mobile.

21. Dr. P.M. noted that there was 7 mm of facial and distal dehiscence and a periapical granuloma at tooth #28 that was continuous with the mesial aspect of the fixture and that there was no interproximal bone between tooth #28 and the implant at the site of #29. Dr. P.M. opined that the implant at the site of #30 was not prosthetically useful because it was placed lingual and too far mesial.

22. In early 2024, Dr. P.M. placed new implants at the sites of #28 and #30 and performed a small ridge augmentation on the facial of tooth #28 due to relatively thin buccal bone.

23. The Board's IP requested that an independent evaluator evaluate Respondent's treatment of the Patient. Dr. J.P. evaluated the treatment records and opined that Respondent's placement of implants at the sites of #31 and #29 violated the standard of care because they were placed in inappropriate positions.

24. Respondent desires to enter into this Consent Order for the purpose of resolving the foregoing issues identified by the IP.

25. Respondent is willing to participate in additional continuing education courses addressing the issues identified by the IP.

Based upon the foregoing Findings of Fact and with the consent of the parties hereto, 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 N.C. Gen. Stat. § 90-41(a)(6) and (12) and 21 NCAC 16 T .0101 by placing implants in an improper position, by failing to render appropriate postoperative care, and by failing to communicate and properly document communication with the Patient in the patient record.

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. License number 9838 issued to Respondent for the practice of dentistry in North Carolina is suspended for a period of three (3) years but conditionally restored with

no active suspension, provided that for a period of three (3) years, Respondent complies with the requirements in Paragraphs 2-3 of this Consent Order of Discipline.

2. Within one year after the effective date of this Consent Order, Respondent shall complete the following continuing education ["CE"] courses especially designed for her 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, including a comprehensive remedial course covering: (1) all aspects of placement of implants, including diagnosis, treatment planning, and post-operative care; (2) adequate recordkeeping, including diagnostic radiographs; and (3) dental practice management, including communication between dentist and staff and between staff and patients. This requirement shall be in addition to the continuing education required by the Board for renewal of Respondent's dental license and permit. 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. Respondent shall not place any implants until she has submitted to the Board satisfactory completion of the courses set forth in Paragraph 2, has secured appointment of a Board-approved dentist monitor as outlined below, and has obtained approval from the IP to resume placing implants subject to the following conditions:

a. The dentist monitor must be a North Carolina licensed dentist with experience in implant treatment planning and placement that can adequately assess the compliance with the standard of care.

b. Respondent shall submit and obtain the IP's approval of the dentist monitor, at its discretion.

c. The dentist monitor shall review the first twelve (12) patients with placement of implants performed by Respondent following the dentist monitor's appointment and approval to resume implants. Respondent is responsible for immediately notifying the dentist monitor when the first twelve (12) cases are complete and ready for review, and Respondent shall ensure that the monitor prepares and submits a report to the Board regarding the practice monitor's findings on the Respondent's compliance with the standard of care. The dentist monitor shall submit to the Board a report on the initial twelve (12) implant cases reviewed within thirty (30) days following his or her review of the twelfth case.

d. Thereafter, the dentist monitor shall meet face-to-face with Respondent regularly and no less than quarterly and review no less than 10 example patient charts and billing records selected by the monitor, not Respondent or her associates or employees, and involving the placement of implants. During all meetings, the monitor shall examine example patient records to determine Respondent's compliance, including the following areas of particular concern: (i) placement of implants, including diagnosis, treatment planning, and post-operative care; (2) recordkeeping, including diagnostic radiographs; and (3) dental practice management, including communication between dentist and staff and between staff and patients.

Face-to-face shall mean meeting in person or remotely using both visual and audio means of communication.

e. The dentist monitor shall submit a quarterly report to the Board concerning the foregoing issues, identifying the specific treatment records and billing records reviewed. Respondent shall ensure that the monitor submits reports for each quarter no later than January 30, April 30, July 30, and October 30 of each year for the previous quarter.

f. The Board reserves the right to request the records reviewed by the dentist monitor for further evaluation from Respondent, who shall promptly provide them to the IP.

g. Respondent is responsible for payment of all costs associated with the dentist monitoring requirement.

h. If the dentist monitor reports information to the Board indicating that Respondent has violated the Board's statutes or regulations, Respondent understands that such findings may lead to further disciplinary action by the Board, including activation of the three-year suspension of her dental license, following notice to Respondent and an opportunity to be heard.

i. The dentist monitor shall monitor Respondent's practice for the entire probationary period.

4. Respondent shall also adhere to the following standard additional probationary terms and conditions:

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

b. Respondent shall neither direct nor permit any of her 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 her office, conduct a random review of patient chart records, and interview employers, employees, and coworkers at any time during normal office hours.

5. Respondent recognizes that the conditions, limitations, or requirements set forth in this Consent Order may present her with certain practical difficulties. The Board concludes that each one is necessary to ensure public protection and it does not intend to modify or eliminate any of the conditions, limitations, or requirements set forth herein based on such potential difficulties.

6. 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 and permit 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 her license and permit 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.

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

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

9. If Respondent elects not to place to place implants during the period probation, the IP retains the right to seek an amended order prohibiting her from placing implants after the probationary period ends.

This the 26th day of November 2025.

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

Casie S. Goode

Casie S. Goode
Director of Investigations

STATEMENT OF CONSENT

I, Donna M. Gentry, 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 the findings of fact, the conclusions of law, the additional findings and conclusions regarding discipline, or the order in any future proceedings before or involving the Board. I knowingly waive any right to seek judicial review, appeal, or otherwise later 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 25 day of NOV 2025.

Donna M. Gentry, D.D.S.

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 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.

Donna M. Gentry, D.D.S. — Date: 25/NOV/2025

Counsel for Respondent — Date: 11/25/25