

**BEFORE THE MISSISSIPPI STATE  
BOARD OF DENTAL EXAMINERS**

**IN THE MATTER OF MISSISSIPPI:  
DENTAL LICENSE NO. 3204-01**

**REUBEN ROY LITTLE II, D.D.S.  
P.O. BOX 2987  
MERIDIAN, MS 39302**

**RESPONDENT**

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**DOCKET NOS. 2024-046, 2024-116, &  
2025-083**

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**CONSENT ORDER**

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**WHEREAS, RESPONDENT, REUBEN ROY LITTLE II, D.D.S.,** has been vested with the right and privilege to practice dentistry in the State of Mississippi by virtue of License No. **3204-01**, issued by the Mississippi State Board of Dental Examiners (hereinafter referred to as “Board”).

**WHEREAS, RESPONDENT, REUBEN ROY LITTLE II, D.D.S.,** has agreed to enter into a **CONSENT ORDER** which would, upon approval and execution by the Board, avoid initiation of formal disciplinary proceedings.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

**CHARGE 1.      RESPONDENT** agrees that sufficient evidence exists to constitute violation(s) of Miss. Code Ann. § 73-9-61 (1)(l), in that **RESPONDENT** engaged in any unprofessional conduct to be determined by the Board on a case-by-case basis.

**CHARGE 2.      RESPONDENT** agrees that sufficient evidence exists to constitute violation(s) of Miss. Code Ann. § 73-9-61 (1)(f), in that **RESPONDENT** practiced incompetently or negligently, regardless of whether there is actual harm to the patient.

- FoF 1. **RESPONDENT** holds an active Mississippi dental license, License No. 3204-01, which was initially issued on or about August 27<sup>th</sup>, 2001.
- FoF 2. **RESPONDENT** provided professional dental treatment for Patient H from approximately July of 2020. **RESPONDENT** extracted teeth nos. 17-32 and placed three (3) mandibular dental implants for attachment to a full lower denture. Patient H experienced problems and subsequently sought professional dental treatment through the University of Mississippi School of Dentistry approximately September of 2022. An evaluation of the existing implants revealed, “implant 22 has buccal bone loss to apex and some interproximal loss as well; no. 24 and 27 have 40-60% buccal bone loss; all implants are buccal inclined; prognosis of implants is poor. All dental implants failed.
- FoF 3. **RESPONDENT** provided professional dental treatment for Patient W on or about June 25<sup>th</sup>, 2021, wherein **RESPONDENT** placed four (4) dental implants. Within approximately two (2) weeks, one (1) of the dental implants failed, and Patient W swallowed the implant while sleeping.
- FoF 4. **RESPONDENT** provided professional dental treatment for Patient Y on or about June 23<sup>rd</sup>, 2023, wherein **RESPONDENT** placed four (4) mandibular dental implants and four (4) maxillary dental implants for attachment to dentures. By approximately May of 2025, all eight (8) dental implants failed.
- FoF 5. **RESPONDENT** failed to maintain adequate patient records for Patients W, H, and Y. **RESPONDENT** failed to document evidence of informed consent for the dental procedures for each patient, and **RESPONDENT** failed to maintain legible clinical notes related to each patient’s procedures.

**IT IS, THEREFORE, STIPULATED AS FOLLOWS:**

1. That this **CONSENT ORDER** is entered into freely, willingly and voluntarily by all the parties without threats or promises, and further, such **CONSENT ORDER** is entered into in lieu of having a full administrative hearing before the Mississippi State Board of Dental Examiners.

2. That **RESPONDENT** hereby voluntarily, willingly, and freely waives all **RESPONDENT'S** due process rights, including but not limited to, the right to a hearing whereby **RESPONDENT** could:
  - a. Appear either personally or by counsel or both,
  - b. Cross-examine any witnesses who may testify against **RESPONDENT**,
  - c. Present testimony, evidence, and witnesses on **RESPONDENT'S** behalf, and
  - d. Have subpoenas issued by the Board on **RESPONDENT'S** behalf.
3. The Mississippi State Board of Dental Examiners is established pursuant to Title 73, Chapter 9 of the Mississippi Code of 1972, as amended, and is charged with the duty of licensing and regulating the practice of dentistry and dental hygiene in the State of Mississippi. The **RESPONDENT** is the holder and/or applicant of a license issued by the Board and is, therefore, subject to Miss. Code Ann. § 73-9-1, et seq.
4. Pursuant to Miss. Code Ann. § 73-9-61 (1), upon satisfactory proof of the violation(s) enumerated herein, and in accordance with statutory provisions elsewhere set out for such hearings and protecting the rights of the accused as well as the public, the Board may deny the issuance or renewal of a license, may revoke or suspend the license of any licensee practicing in the State of Mississippi, or take any other action in relation to the license as the Board may deem proper under the circumstances.
5. That it is understood and agreed that the purpose of this **CONSENT ORDER** is to avoid a formal disciplinary proceeding, including a full administrative hearing before the Board. As such, **RESPONDENT** authorizes the Board to review and examine any documentary evidence or information concerning **RESPONDENT** prior to or in conjunction with its consideration of the **CONSENT ORDER**.
6. That this **CONSENT ORDER** shall be subject to approval by the Board. If the Board fails to approve the **CONSENT ORDER**, it shall have no force or effect on the parties.

7. That should this **CONSENT ORDER** not be approved by the Board, it is agreed that the presentation and consideration of the **CONSENT ORDER**, including any documentary evidence and information related thereto, shall not unfairly or illegally prejudice the Board or any of its members from participation in hearings or other proceedings pertaining to these or other matters regarding **RESPONDENT**.
8. **PENALTIES.** That upon approval and execution of this **CONSENT ORDER** by the Board, **RESPONDENT** agrees to the following penalties which are authorized by Miss Code Ann. § 73-9-61.
  - a. **FINE.** For the violation(s) enumerated above, **RESPONDENT** shall pay a total **FINE** in the amount of **\$6,000.00** which must be received in the Board's office *within ninety (90) calendar days from the date the Board approves and executes this CONSENT ORDER.* Certified checks for payment of the FINE should be made payable to the "Mississippi State Treasury."
  - b. **COSTS.** Pursuant to Miss. Code Ann. § 73-9-61 (4)(d), **RESPONDENT** shall pay the reasonable **COSTS** of these proceedings in an amount determined by the Board which must be received in the Board's office *within thirty (30) calendar days from Board notification of the amount due.* Certified checks for payment of the COSTS should be made payable to the Board.
  - c. **JURISPRUDENCE EXAM.** *Within thirty (30) days from the date the Board approves and executes this CONSENT ORDER,* **RESPONDENT** shall successfully complete the MISSISSIPPI JURISPRUDENCE EXAMINATION.
  - d. **REMEDIAL EDUCATION – DENTAL IMPLANTS.** Within one hundred-eighty (180) days from the date the Board approves and executes this **CONSENT ORDER**, **RESPONDENT** shall successfully complete a Board-approved continuing education course specifically focused on *Dental Implants*, that includes both clinical and didactic portions and comprises a minimum of forty (40) hours of Board-approved continuing education. Continuing education hours

obtained in satisfaction of this requirement may not be utilized towards satisfaction of the continuation education requirements in Board Regulation 41 – Continuing Education (30 Miss. Admin. Code Pt. 2301, R. 1.41).

e. **REMEDIAL EDUCATION – DOCUMENTATION/ PATIENT RECORDS.**

Within ninety (90) days from the date the Board approves and executes this **CONSENT ORDER, RESPONDENT** shall successfully complete a minimum of ten (10) hours of Board-approved continuing education specifically focused on *Documentation/ Patient Records*. Continuing education hours obtained in satisfaction of this requirement may not be utilized towards satisfaction of the continuation education requirements in Board Regulation 41 – Continuing Education (30 Miss. Admin. Code Pt. 2301, R. 1.41).

f. **COMPLIANCE. RESPONDENT** shall comply with all terms and conditions of this **CONSENT ORDER**.

i. **RESPONDENT** shall comply with Miss. Code Ann. § 73-9-1 et seq., 30 Miss. Admin. Code Pt. 2301 et seq., and all laws and regulations related to the practice of dentistry in Mississippi.


ii. **RESPONDENT** is responsible for ensuring the Board receives verifiable evidence of compliance with all terms of conditions of this **CONSENT ORDER** within the time frame(s) prescribed herein.

g. **SUSPENSION FOR NON-COMPLIANCE.** In the event that **RESPONDENT** fails to comply with any terms or conditions of this **CONSENT ORDER**, **RESPONDENT'S** license shall be **SUSPENDED IMMEDIATELY** for a period of no less than (7) days.

i. During such time that **RESPONDENT'S** license is **SUSPENDED**, **RESPONDENT** shall NOT practice dentistry in the state of Mississippi.

- ii. During such time that **RESPONDENT'S** license is **SUSPENDED**, **RESPONDENT'S** license status with the Board, including for purposes of license verification by the public, shall indicate “**SUSPENDED.**”
  - iii. After expiration of a minimum of seven (7) days **SUSPENSION**, **RESPONDENT** may be eligible for lifting of the **SUSPENSION**. Only upon the Board's verification that **RESPONDENT** is compliant with all terms and conditions of this **CONSENT ORDER**, shall the Board lift the **SUSPENSION** from **RESPONDENT'S** license and update **RESPONDENT'S** license status to reflect lifting of the **SUSPENSION**.
9. That **RESPONDENT** accepts the above penalties and acknowledges that **RESPONDENT'S** license is conditioned on full compliance with these terms. Failure to adhere to any of the terms of this **CONSENT ORDER** may result in further disciplinary action against **RESPONDENT'S** license.
10. That the **RESPONDENT** does hereby fully, completely and finally release the Board, its agents, servants or employees from any and all claims, charges, demands, damages, costs, expenses, actions and causes of action of every kind and nature which the **RESPONDENT** may now or hereafter have related to this **CONSENT ORDER** between the **RESPONDENT** and the Board. The Mississippi State Board of Dental Examiners admits no liability in any way related to this **CONSENT ORDER**.
11. That upon approval and execution of this **CONSENT ORDER** by the Board, this document will be a public record and will be entered as a **FINAL ORDER** of the Board. Further, the **FINAL ORDER** will be reported as disciplinary action to the American Association of Dental Boards (AADB) and to all federally mandated data banks.

AGREED TO, on this day Oct 22, 2025

  
Reuben Roy Little, II (Oct 22, 2025 19:08:35 CDT)

REUBEN ROY LITTLE II, D.D.S.

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Approved as to Form & Substance:

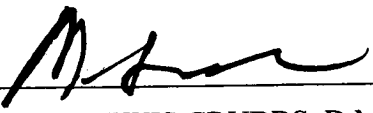


W. Westley Mutziger  
Board Counsel, MSBDE

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SO APPROVED & ORDERED, on this day, 11/7/2025.

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

BY:   
MARION LEWIS GRUBBS, D.M.D.  
PRESIDENT

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TO THE ORDER OF MISSISSIPPI STATE TREASURY

*lic # 3204-01*

*2025-083-Consent Order*  
PURPOSE *2024-46 + 2024-116*

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*[Signature]*  
AUTHORIZED SIGNATURE

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P.O. Box 911 • Meridian, MS 39302-0911

*Reuben R Little*  
*lic # 3204-01*

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*[Signature]*  
MS State Board of Dental Examiners



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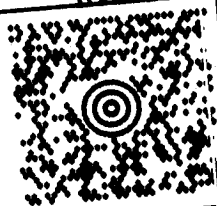
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