

Growth Conference

Employee's Name: _____ Date: _____

Current Salary: \$_____

1. What have you done to build the practice over the last year?

2. How have you added to the successful image of the practice?

3. Examples of your teamwork in the past year are:

4. Are your technical and professional abilities being fully utilized? If not, how can they be better utilized?

5. What could be done by the team to increase production and efficiency in the office?

6. In what ways could you increase production and efficiency in the office?

7. What can be done to decrease overhead in the office?

Growth Conference/Compensation Review

Larry M. Guzzardo, Inc.

Dental Practice Management & Marketing Excellence

1549 Brookhaven Hill – Suite 100 Atlanta, GA 30319 (404) 842-0530/Larry@larrymguzzardo.com

8. What can you do to decrease sub-grouping and enhance interoffice communication?

9. What benefit would you like other than financial compensation?

10. What steps would you like to take for yourself to grow professionally over the next year?

11. How can the practice assist you in this goal?

12. What is your salary goal for 20____? \$_____

13. Why?

14. Action Plan

What	By When

Compensation Agreement: _____ Date: _____

Doctor: _____

Employee: _____

Growth Conference/Compensation Review

Larry M. Guzzardo, Inc.

Dental Practice Management & Marketing Excellence

1549 Brookhaven Hill – Suite 100 Atlanta, GA 30319 (404) 842-0530/Larry@larrymguzzardo.com

Compensation Review

Employee's Name: _____ Date: _____

Current Salary: \$ _____ Last Salary Increase: \$ _____

Description	\$ Amount
Salary (twelve months)	\$
Matching Social Security (FICA)	\$
Well-time Pay	\$
Tuition & Travel for C.E.	\$
Uniform Allowance	\$
Health Insurance	\$
Bonus Program	\$
Vacation (if not included in pay)	\$
Life Insurance	\$
Professional Dues	\$
Dental Care (self/family)	\$
Pension/Profit Sharing (if eligible)	\$
Time Off with Pay	\$
Other	\$
Total Compensation and Benefits	\$
Total Hours Worked	
Total Compensation and Benefits per Hour	\$

Comments: _____

Recommendations regarding: Salary _____ Benefits _____

Next evaluation and review date: _____

Signed: Doctor _____ Employee _____

Growth Conference/Compensation Review

Larry M. Guzzardo, Inc.

Dental Practice Management & Marketing Excellence

1549 Brookhaven Hill – Suite 100 Atlanta, GA 30319 (404) 842-0530/Larry@larrymguzzardo.com