FREE PRACTICE RESOURCE

The Aesthetic Technology Investment Decision Guide

A practical due-diligence workbook for deciding what to buy, what to skip, and how to make new technology earn its place in your practice.

INSPIRED BY THE BUSINESS OF AESTHETICS CONVERSATION WITH TRACY MANCUSO

Aesthetic Medicine Practitioner & Educator | Founder, The Derma Room Collective

“If it doesn't fit your practice, it's not going to work.”

THE CORE IDEA

Do not buy a device. Buy a fit.

A device can have excellent science and still become a poor investment. Tracy's decision rule is simple: the technology must match your patient demand, your team, your clinical capability, and your business model.

FAST DIAGNOSTIC - WHERE ARE YOU MOST EXPOSED?

- ☐ I am evaluating a device before asking patients whether they want the service.
- ☐ I am relying heavily on manufacturer claims, KOLs, or dramatic before-and-afters.
- ☐ My team can operate the device, but cannot explain the tissue interaction behind the settings.
- ☐ I do not have independent owners I can call for honest feedback on results, service, and downtime.
- ☐ I have not calculated the volume needed to pay the device back.

YOUR DECISION OBJECTIVE

By the end of this guide, you should be able to make one of three decisions with confidence:

BUY

Evidence + demand + team + economics are aligned.

DELAY

The opportunity may be real, but one or more conditions are not ready.

PASS

The device does not solve a validated patient or practice need.

THE QUESTION TO KEEP ASKING

"What are your patients asking for?" Start with the need, then evaluate the device.

EVIDENCE BEFORE EXCITEMENT

Make the science survive the sales pitch.

Before you discuss price, financing, launch plans, or “limited-time” incentives, make the vendor prove that the technology itself deserves further consideration.

1 Peer-reviewed research

Is there product-specific evidence published in a respected journal, not only a white paper or predicate data?

2 Study quality

Were controls, methods, endpoints, sample size, and statistical analysis appropriate for the claims being made?

3 Realistic outcomes

Do the results resemble what you could reasonably reproduce in ordinary practice, not only showcase cases?

4 Rep fluency

Can the representative explain the actual research and limitations rather than redirecting you to glossy materials?

5 Regulatory fit

Is the device appropriately cleared or authorized for the market and intended use you are considering?

RED FLAG

A familiar KOL list and extraordinary before-and-afters are marketing signals - not substitutes for product-specific evidence.

VALIDATE BEFORE YOU FINANCE

Let your patients tell you what deserves capital.

Run this mini-survey for roughly 30 days before choosing a device. Ask about the service category first - not the machine brand.

PATIENT DEMAND SURVEY

01 Which concern would you most like help with next? [ ] Skin tightening [ ] Pigment/redness [ ] Resurfacing [ ] Vascular [ ] Fat reduction [ ] Other

02 If a treatment addressed that concern, how interested would you be? [ ] Not interested [ ] Maybe [ ] Very interested

03 What treatment investment feels realistic for you? $_____ per treatment / series

04 How much downtime would you accept? [ ] None [ ] 1-2 days [ ] 3-5 days [ ] 1 week+

05 Would the realistic results shown below feel worthwhile to you? [ ] No [ ] Maybe [ ] Yes

06 Would you like to be contacted if we introduce this service? [ ] No [ ] Yes

DECISION SIGNAL

LOW DEMAND

Do not force-fit the device into your practice.

MIXED DEMAND

Investigate further before committing capital.

STRONG DEMAND

Build a soft waitlist and start device due diligence.

Episode benchmark: Tracy described 80-90% patient interest as a strong signal to investigate the category, while substantially lower interest should make an owner question whether the device will pay for itself.

A GREAT DEVICE CAN STILL BE THE WRONG DEVICE

Stress-test the fit before you stress-test the budget.

The purchase only makes sense if your practice can create demand, deliver the treatment well, and support it operationally.

PATIENT FIT

- ☐ The concern exists in our current patient base.
- ☐ Our pricing is compatible with their willingness to invest.
- ☐ Expected downtime and treatment cadence fit their preferences.

TEAM FIT

- ☐ At least one clinician genuinely wants to own this treatment category.
- ☐ Staff can explain and recommend the service confidently.
- ☐ We have time and capacity for continued training.

BUSINESS FIT

- ☐ The service reinforces our positioning rather than distracting from it.
- ☐ We have a launch plan beyond “post it on Instagram.”
- ☐ Service, consumables, downtime, and financing are in the economics.

BREAK-EVEN REALITY CHECK

Monthly device + service cost	Net contribution per treatment	Treatments needed / month

BEYOND MANUFACTURER TRAINING

Do not build a team of “buttonologists.”

Manufacturer training teaches safe operation. Mastery requires understanding why the settings work, how tissue responds, what can go wrong, and when to adjust.

THE 4-QUESTION MASTERY CHECK

Question 1

Can the clinician explain what the treatment is doing at the tissue level?

Question 2

Can they explain why this setting is being chosen instead of another?

Question 3

Can they recognize why results may be plateauing or changing?

Question 4

Can they explain what could cause a complication and what the escalation pathway is?

TRAINING RHYTHM

1 INITIAL

Manufacturer onboarding + core safety.

2 APPLY

Treat a small number of appropriate patients.

3 DEEPEN

Return for advanced or practitioner-led training.

4 REFRESH

Revisit every 6-12 months and when results plateau.

CHOOSE YOUR OWN REFERENCES

Do not outsource due diligence to the seller.

A vendor-selected reference is naturally likely to be favorable. Tracy's approach is to find owners in her own network and call them directly.

> *"I don't ask them for references. I choose my references."*
>
> **- TRACY MANCUSO**

INDEPENDENT OWNER CALL SCRIPT

1. How closely do your real-world results match what you were shown before purchase?
2. How many treatments are patients actually needing?
3. What breaks, fails, or frustrates you most about the system?
4. How responsive is service when something goes wrong?
5. What consumables or hidden costs surprised you?
6. If you were making the decision again today, what would you investigate more carefully?

Pro move: tell the rep which owners you intend to call and ask what those owners are likely to say. You are testing transparency as much as technology.

YOUR GO / NO-GO PAGE

Make the decision visible.

Rate each statement from 1 (not true) to 5 (strongly true). A high total does not override a critical safety or evidence gap.

EVIDENCE	Product-specific evidence is credible and understandable.	1 2 3 4 5
PATIENT DEMAND	Our own patients have demonstrated meaningful interest.	1 2 3 4 5
PRACTICE FIT	This service strengthens our current clinical and business model.	1 2 3 4 5
TEAM OWNERSHIP	A clinician and operational owner are accountable for success.	1 2 3 4 5
TRAINING DEPTH	We have a plan beyond initial button training.	1 2 3 4 5
INDEPENDENT VALIDATION	We spoke with non-vendor-selected owners.	1 2 3 4 5
ECONOMICS	Realistic treatment volume can cover the full cost structure.	1 2 3 4 5
LAUNCH READINESS	We have a waitlist, education plan, and follow-up process.	1 2 3 4 5

DECISION

BUY DELAY PASS

30-DAY DECISION SPRINT

Move from hype to evidence in four weeks.

Use a defined diligence window so the team can evaluate the opportunity without allowing sales urgency to become your decision process.

WEEK 1 — **VALIDATE DEMAND**

Survey patients by treatment category. Capture interest, price tolerance, downtime tolerance, and waitlist opt-in.

Proof: patient demand summary + initial lead list

WEEK 2 — **VALIDATE SCIENCE**

Collect peer-reviewed research, regulatory documentation, protocols, and realistic outcomes.

Proof: evidence packet with unanswered questions

WEEK 3 — **VALIDATE REALITY**

Call independent owners. Test results, reliability, service, hidden costs, and treatment cadence.

Proof: 3+ independent conversations

WEEK 4 — **VALIDATE FIT**

Calculate economics, name the clinical owner, map training, and decide Buy / Delay / Pass.

Proof: signed decision page

One rule for the sprint: no purchase decision until the evidence, demand, training, and economics pages are complete.

TURN INSIGHT INTO ACTION

Your technology plan needs a patient-acquisition plan.

You can choose the right technology and still miss the return if the right patients never find it. Use a complimentary Marketing Strategy Meeting to map how patient demand, positioning, and acquisition can support the next stage of your practice.

WHAT YOU WILL LEAVE WITH

- A clearer view of where your current marketing is leaking opportunity
- A practical 12-month growth roadmap built around your priorities
- A focused plan for attracting more high-value patients without guesswork

BOOK YOUR COMPLIMENTARY MSM

www.businessofaesthetics.org/msm/

SCAN TO BOOK YOUR MSM