

How to Start Your Clinical/ Aesthetic Practice?

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Overview

Establishing a successful clinical and aesthetic dermatology practice requires strategic planning, ethical decision making and a clear understanding of one's professional strengths. This chapter outlines the foundational steps involved in transitioning from training to independence practice.

INTRODUCTION

Imagine this: You have just completed three nerve-stretching years of MD in Dermatology. The exams are behind you, the convocation gown has been packed away, and you are holding your registration proudly in hand. You feel like a pilot who has learned everything about flying inside a simulator, but now must take a solo flight in real skies.

And then it hits you—“*Where do I even begin?*”

This transition—from dermatologist-in-training to dermatology practitioner—is both exciting and intimidating. You dream of the clinic with shiny lasers, glamorous waiting rooms, and a queue of patients eager for Botox and fillers. But reality taps you on the shoulder: you do not necessarily need crores of rupees or a marble-floored space to make your mark.¹

In fact, many successful dermatologists I know started with less than ₹2 lakhs investment. Some of them even began in single-room clinics, tucked inside modest medical complexes. And do you know what carried them forward?—*Smart planning, ethical care, and consistency.*

This chapter is written as guiding you step by step, sharing practical tips, and sprinkling in real-world examples. If you allow me, I will walk you from that first confusing stage of “setting up” to a place where your practice not only survives but thrives.

STEP 1: CHOOSING THE RIGHT LOCATION

Think of your clinic location as the soil in which your practice will grow. Seeds sprout best in fertile ground—and so does patient flow.

- **Rental vs purchase:** When starting out, avoid locking money in expensive property. A small rented unit (even a single room) in a medical hub, near pharmacies or diagnostic centers, is enough.^{1,2} Purchase comes later, once your patient base is strong.
- **Visibility matters:** Set up close to “patient magnets”—general physicians, labs, diagnostic centers, gyms, or pharmacies. These serve as natural feeders.

Case Scenario

Dr Meera, a young dermatologist in Delhi, could not afford Connaught Place’s glitzy real estate. Instead, she rented a 150 sq. ft. room above a busy pharmacy in East Delhi. For the first 6 months, every time a patient went to the pharmacy for acne or fungal issues, the chemist referred them to “the skin doctor upstairs.” By month six, her appointment diary was full—not because of décor, but because of **visibility and accessibility**.

Lesson: Do not underestimate the power of pharmacy referrals and GPs. Patients often trust their local chemist before Google.

STEP 2: MINIMUM ESSENTIAL INFRASTRUCTURE

The temptation to buy shiny machines is high. But remember: even without fancy gadgets, a surgeon with a sharp scalpel can outperform one with a dull laser. You need **just the essentials** to begin safely and effectively.^{3,4}

- **A dermatology chair/bed**—multipurpose, usable for consultations, minor procedures, and even PRP.
- **Magnifying lamp and dermatoscope**—your eyes can miss, your dermatoscope will not.
- **Autoclave/sterilizer**—infection control is non-negotiable. A single post-procedure infection can ruin your reputation.
- **Basic procedure set**—punch biopsies, cautery, suture materials.

Foundational Equipment Checklist

Item	Approximate cost (INR)	Notes
Dermatology chair/bed	30,000–50,000	Multi-purpose, adjustable
Magnifying lamp	5,000–8,000	For detailed examination
Dermatoscope	25,000–35,000	Essential diagnostic tool
Autoclave/sterilizer	10,000–15,000	Non-negotiable for ethical practice
Basic procedure set (biopsy punch, suture, cautery unit)	15,000–25,000	Standard surgical instruments

Money-saving hack: Buy **refurbished or good second-hand equipment**. A dermatoscope that costs ₹35,000 new can often be found at half the price used, in perfect condition.

Case Scenario

Dr Aarav in Jaipur began with just ₹1.2 lakhs. His examination table was from a retiring GP. His magnifying lamp was a refurbished one bought online. Yet, in his first year, patients appreciated not the furniture, but the **personalized attention** he gave. Even when his chair squeaked during PRP sessions, his meticulous work and clean sterilization protocol made patients rebook.

Lesson: Trust is stronger than technology.

STEP 3: SMART AESTHETIC ADDITIONS UNDER BUDGET

Let's be real: Everyone wants lasers. They are the “Instagram-worthy” tools. But trust me, many aesthetic practices stand firmly even without a single laser initially.

Start small, but smart:

- **Chemical peels**—cost-effective, versatile, repeatable. One box goes a long way.
- **Microdermabrasion (portable unit)**—affordable, gives visible results, and is great for acne scars, glow facials.
- **PRP kits + centrifuge**—especially lucrative for hair loss patients.

Service	Cost (INR)	ROI potential
Chemical peels	5,000–10,000	High repeat, low cost
Microdermabrasion	25,000–40,000	Moderate repeat
PRP + centrifuge	20,000–35,000	High demand (alopecia)

When beginning aesthetic dermatology services, consider starting with affordable, repeatable treatments like chemical peels and PRP.^{2,3}

Simultaneously, preparing space for future integration of advanced devices is crucial.

The following devices from Aesthetic Next provide multifunctional, high-quality technologies that can elevate your practice as it scales:

Product name	Clinical applications	Suggested placement in clinic
Lunaris Pro	Advanced laser therapies—hair reduction, pigmentation	Laser treatment rooms; visible near consultation area with informative signage
Lumineau	Hydrafacial and advanced skin resurfacing	Facial/aesthetic treatment bays; placed for patient curiosity
Veloxis Pro	Laser hair removal	Consultation or procedure room for hair removal education
Veltis Max	Vascular and pigment lesion treatments	Procedure suite equipped for vascular laser therapies
Pioris IV	Multipurpose laser technology	Staff training area or procedure bay; available for demonstrations



Lunaris Pro

Lumineau

Veloxis Pro

Veltis Max

Pioris IV

Case Scenario

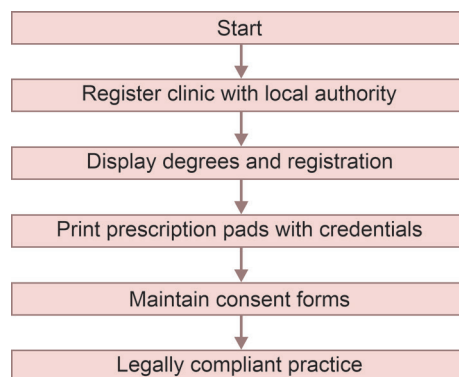
Dr Simran in Chandigarh introduced PRP and chemical peels in her first 3 months. She began by calling 10 of her hostel friends, offering them subsidized treatments in exchange for feedback and testimonials. Within weeks, those friends posted glowing pictures and tagged her clinic online. Suddenly, she had a steady stream of PRP patients, all self-referred.

Lesson: Simple tools = Big loyalty. Start with high-repeat, affordable procedures.

STEP 4: LICENSING AND COMPLIANCE

Running a clinic without proper documentation is like driving without a license. You may enjoy the road for a while, but sooner or later—trouble will hit.

- Register your clinic with the municipal health authorities.^{5,6}
- Display your **degree and council registration** prominently. Patients trust this more than fancy walls.
- Use a **customized prescription pad** with credentials.
- Start keeping **basic consent forms**—even for chemical peels.

**Case Scenario**

One dermatologist in Bangalore was once legally questioned because she had no specific consent for chemical peels. Thankfully, the matter settled, but she told me: “That small consent booklet would have saved me weeks of stress.”

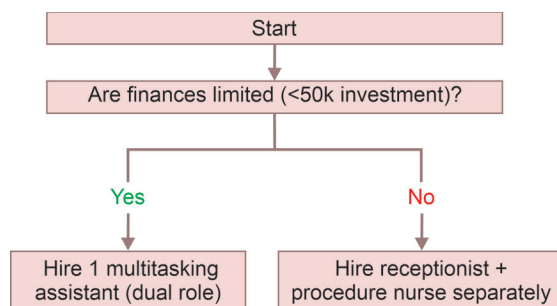
Lesson: Legal safety nets build both **trust and protection**.

STEP 5: STAFFING AND MANAGEMENT

In the beginning, you do not need multiple staff members. One reliably trained assistant is worth more than three irresponsible ones.^{1,2}

- Train them to answer phones, handle reception, manage payments.
- Teach them procedure assistance and after-care instructions.

Estimated monthly cost: ₹8,000–₹12,000 (depending on city).



Case Scenario

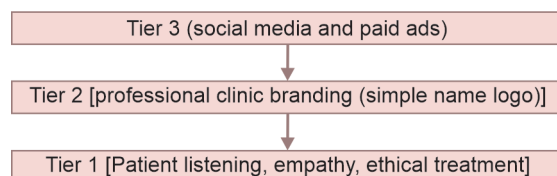
Dr Rohan in Punjab hired a young graduate girl as his only assistant. She answered calls, maintained stock, prepared patients for PRP, even handled sterilization. Patients grew fond of her warm smile at the reception and later told Dr Rohan: “*She makes this place feel homely.*”

Lesson: Your assistant represents you. Invest in their training and kindness.

STEP 6: BRANDING AND PATIENT TRUST

Branding is not just about logos. In medicine, your “brand” = your reputation.

- Clinic name: Keep it simple, like “*Skin and Hair Clinic*”. Patients should know what you do without guessing.
- Social media exposure: Educational reels, myth-busting posts, and genuine before–after pictures. Consistency matters more than filters.^{1,2}
- Most importantly: **Word of mouth**. Make every patient feel heard.



- **Core message:** Sustainable branding rests on **ethics + patient care**, not décor.
- **Tip:** A **clean waiting area** impresses more than a golden chandelier.

Case Scenario

Dr Kavita in Nagpur invested ₹60,000 on a glowing clinic board and another ₹60,000 on cushions and décor. Three months later, she realized only patients who received honest care returned—not those impressed by pillows. Today, her patients post “review stories” online not because of fancy interiors, but because she picks up her patient’s WhatsApp queries even at 10 pm.

Lesson: Empathy is your most powerful branding.

STEP 7: MANAGING FINANCES

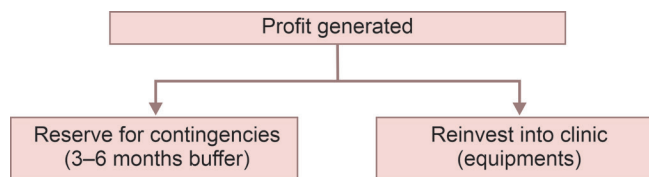
Your first year is not about profits. It is about control.

- Maintain separate envelopes or accounts for fixed costs (rent, salary, utilities).
- Keep budding profits for **gradual reinvestment**—diode laser first, CO₂ laser next.
- Accept digital payments (UPI, Paytm).^{7,8} Cash-only practice feels outdated to younger patients.

Sample First-Year Monthly Budget (Small Practice, Tier-2 City)

Expense	Estimated monthly cost (INR)
Rent (single room, medical complex)	15,000–20,000
Staff salary (1 assistant)	10,000–12,000
Consumables (peels, PRP needles, disposables)	8,000–12,000
Utilities (electricity, water, internet)	3,000–5,000
Miscellaneous (stationery, cleaning, online tools)	2,000–3,000
Total fixed costs	~₹40,000–52,000

Plan: Retain at least 3–4 months' expense buffer before opening.



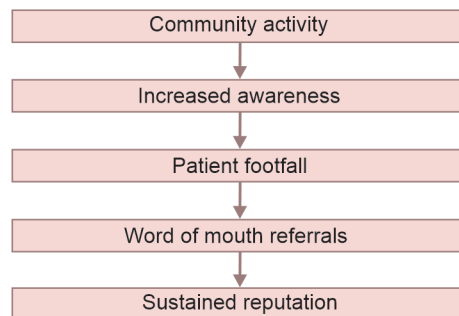
Case Scenario

Dr Neha in Pune made the mistake of spending her first month's earnings on a luxury phone "because I deserve it." By month six, she regretted not saving for a Nd:YAG laser that would have doubled her revenue stream. Today, she teaches juniors: "Treat your clinic like a baby. First you feed it, later it feeds you."

STEP 8: BUILDING YOUR REPUTATION

Reputation-building often needs creativity more than budget.

- Conduct free acne awareness camps in schools.
- Offer affordable consultations initially, then gradually increase fees with demand (₹200–400).
- Collaborate with GPs or gyms to give lectures on skin care.



Case Scenario

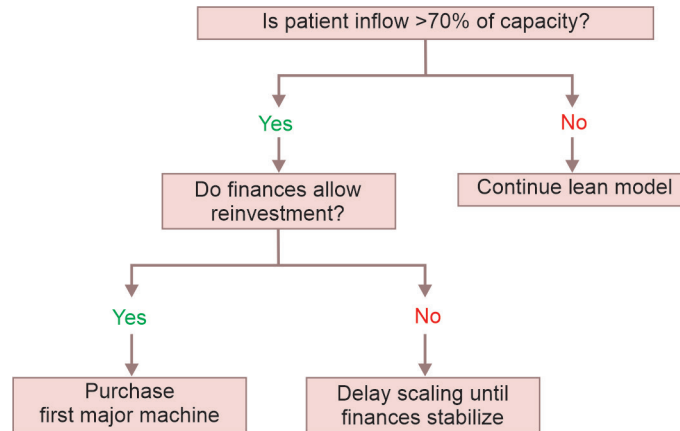
A dermatologist in Nagpur fixed her initial consultation at ₹300. She gave teens acne lectures in local colleges. In one year, her "student patients" brought along parents and cousins. By year two, her consultation was ₹700—and yet patients still happily queued.

Lesson: Never underestimate community outreach. Education = reputation.

STEP 9: SCALING UP

Scaling is not about sudden expansion. It is about **steady organic growth**. Once stable:

1. Add your first big machine (commonly diode laser).
2. Hire a second dermatologist or therapist.
3. Expand room/branch when consistent patient load demands it.

**Case Scenario**

Dr Aditya in Hyderabad began in a one-room space. Two years later, when his monthly revenue was steady, he bought his first diode laser. Patients insisted on more services, so he took over the shop next door and doubled his floor space. By year four, he had a staff of five and a second clinic in the outskirts of town.

Lesson: Grow like a **tree**, not like a balloon. Roots first, then branches.

Key Takeaways

- A dermatology practice can be initiated with modest **capital investment (<₹2 lakhs)**.
- Early focus: **Essentials (chair, lamp, dermatoscope, sterilization)** and **low-cost, high-repeat aesthetic services**.
- Compliance (licenses, consents) is as critical as clinical skill.
- Financial sustainability requires conservative budgeting and reinvestment.
- Community engagement is the cheapest and most effective marketing.
- Growth should be **organic, stepwise, and reinvested from within** the practice.

FINAL WORD FOR YOUNG DERMATOLOGISTS

Listen carefully—do not wait for the “perfect” clinic. Do not envy colleagues showing off fancy lasers on Instagram. Your patients are not buying interiors—they are buying *your brains, your integrity, your results*.

Start humble. Start with honesty. Build step by step.

Remember, a small seed becomes an oak tree—but only if it begins in soil, not in daydreams.

- At Aesthetic Next we are dedicated to support the aspirations of young dermatologists by offering the finest quality products at the most competitive prices in the industry.
- Our customized payment plans are thoughtfully designed to ease your financial commitments, enabling you to focus on what matters most—building a successful and sustainable practice.
- We are proud to be your trusted partner in this journey, committed to fostering your growth and helping you realize a prosperous and impactful future in aesthetic dermatology.

AESTHETIC NEXT DEVICE POSITIONING AND CLINICAL USE

<i>Device</i>	<i>Primary use</i>	<i>Clinic placement</i>	<i>Patient engagement strategy</i>
Lunaris Pro	Laser hair removal, pigmentation	Laser therapy rooms	Visible demo with educational signage
Lumineau	Hydrafacial/skin resurfacing	Facial bays	Digital info displays + social media content
Veloxis Pro	Hair removal lasers	Consultation and procedure bays	Staff-led case discussions
Veltis Max	Vascular and pigment lesion lasers	Treatment suites	Community engagement, demonstration days
Pioris IV	Multipurpose laser platform	Procedure room/training area	Internal staff education and peer gatherings

CONCLUSION

In conclusion, starting a dermatology practice is an evolving process that blends medical proficiency with operational acumen. This chapter reinforces the importance of ethical practice, quality assurance and continuing education in shaping a distinguished brand.

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