Medical Spa Business Plan

Canal Skin Medical Spa | Amsterdam | Proposed clinic

DOCUMENT GUIDE

Contents

Canal Skin Medical Spa | Proposed Amsterdam cosmetic care | 4 October 2026

Executive summary....4
Business details....5
Business concept and objectives....6
Business model canvas....7
SWOT and longer term goals....8
TOWS strategy matrix....9
Owner and management....10
Owner and key personnel profiles....11
Target customers....12
Segmentation targeting and positioning....13
Value proposition canvas....14
Market size and trends....15
PESTLE analysis....16
Local demand and evidence....17
Competitors and positioning....18
Porter five forces....19
Strategy canvas....20
Location and premises....21
Equipment and resource plan....22
Service and product strategy....23
Pricing and visit economics....24
Competitor price comparison....25
Brand and customer experience....26
Sales channels and process....27
Launch marketing....28
Retention and ongoing sales....29
Daily operations and suppliers....30
Sustainability practices....31
Staffing and training....32
Staff skills and fair work....33
Legal and insurance requirements....34
Opening roadmap....35
Risks and management actions....36
Research and evidence....37

Quotes and assumptions..... 38
Startup costs and funding..... 39
Itemized startup costs..... 40
Owner personal survival budget..... 41
Financing terms and security..... 42
Revenue forecast and capacity..... 43
Costs and projected profit..... 44
Profit and loss forecast..... 45
Cash flow and financial position..... 46
Cash flow forecast months one to six..... 47
Cash flow forecast months seven to twelve..... 48
Financial position summary..... 49
Break even and scenarios..... 50
Model guide and completion..... 51

Reading this plan

This is a hypothetical medical spa proposal and management forecast. Primary facts carry source IDs; commercial amounts, eligible demand and funding are assumptions. No clinical credentials, premises, patients, permission or capital are secured. All care must await evidenced readiness. Word figures are a dated snapshot: after workbook edits regenerate results, figures and native contents.

01 / BUSINESS

Executive summary

Proceed only to funded validation and clinical readiness work. This hypothetical proposal does not authorise opening or treatment.

Proposal

Canal Skin is a proposed Amsterdam medical spa in a Dutch BV, offering physician-delivered elective cosmetic injectables and non-invasive facials. No owner, clinician, premises, supplier, patient book or financing is identified. The limited menu contains no surgery, lasers, therapeutic care, memberships or retail.

Decision gates

Actual clinician registration and procedure-specific competence, documented patient selection, consent and aftercare, authorised products, premises approval and the applicable notification or authorisation evidence must precede care. Staff and rent remain paid during preparation. Revenue is limited by clinician and room time, with no unpaid labour or implied medical outcomes.

Financial finding

Base 2027 revenue is EUR 289,156, EBITDA EUR (228,516) and net profit EUR (256,214). Minimum spendable cash is EUR 69,314 in 2029-12; further Base funding is EUR –. Downside needs EUR 757,767 further capital. The proposed EUR 600,000 source package is uncommitted. These figures do not establish clinical readiness or observed demand.

02 / BUSINESS

Business details

The forecast describes one proposed site, in EUR, from January 2027 through December 2029.

Entity and scope

The BV is a planning structure, not an incorporated or licensed provider. Amsterdam is the intended catchment; no address or lease exists. The Base timetable contains three paid preparation months and an assumed April opening. A readiness input of zero stops treatment, capital purchases and borrowing while contracted staff, premises and service costs continue.

Financial perimeter

Consumer tickets include VAT; recognised revenue excludes VAT and assumed refunds. Equity and debt are proposed, never secured. No payer contracts, subsidies, patient deposits or prepaid packages are included. Routine treatment and follow-up time is charged through composite visit slots; unplanned complications require funded clinical arrangements.

03 / BUSINESS

Business concept and objectives

Build a small, controlled service within demonstrated clinical competence, then test collected contribution and capacity before expansion.

Initial offer

An authorised and competent employed physician performs all injectable procedures under the clinic policy. An aesthetician provides only non-invasive facial care within proven training. No delegated injection capacity is included. Clients may be declined after assessment; the completed-demand inputs already exclude assumed refusals and no-shows.

Operating objectives

Obtain opening evidence first, then track accepted visits, refunds, follow-up hours, records completion and cash. Review the launch assumptions after the first three operating months. Do not add rooms, services or headcount until qualifications, physical capacity and revised capital are evidenced. No clinical success rate is a forecast KPI.

04 / STRATEGY

Business model canvas

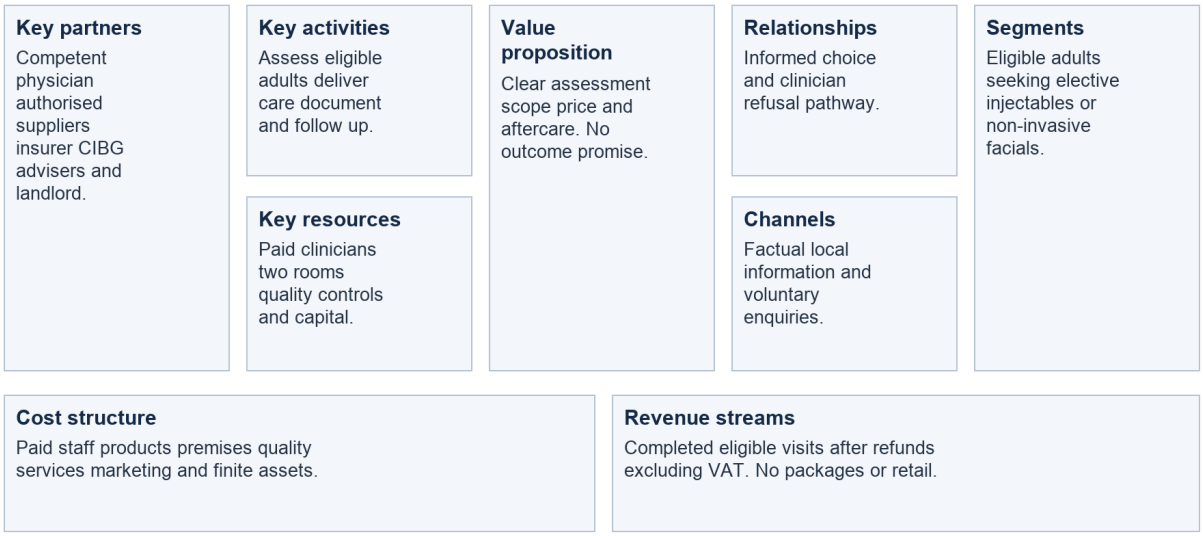
Completed eligible visits generate fees; paid clinicians and capacity determine how much service can actually be delivered.

Revenue and costs

Injectables and facials have distinct gross tickets and consumable costs. Toxin-led and filler-led visits form a purchase-cost mix; quantities are budget assumptions, never prescribing instructions. The model charges employee payroll, premises, quality services, marketing, assets and debt.

Dependencies

A registered and competent physician, authorised supply chain, compliant premises, insurers and independent complaint arrangements are essential partners. None is appointed. The canvas shows a proposed system and cannot establish permission, demand or care quality.



Planning framework and assumptions / Business model canvas

05 / STRATEGY

SWOT and longer term goals

A narrow service scope makes operational boundaries clearer but creates dependence on one physician and a small appointment book.

Interpretation

Strengths are intended scope control and explicit paid time. Weaknesses are unverified credentials, expensive preparation and no established demand. Opportunities are local self-pay enquiries subject to independent assessment. Threats include patient harm, physician absence, misleading promotion and delayed readiness.

Longer term

Before any expansion, obtain independent clinical and financial review, observed outcomes of the operating process and sufficient cash. Additional treatment types require a new competence and permission assessment. No roll-out, exit multiple or market leadership goal is used to justify this site.

Factor	Specific planning implication
Strength	Narrow menu and costed clinical time
Weakness	One physician and no tested patient book
Opportunity	Test local eligible enquiries without outcome promises
Threat	Complication, absence or readiness delay

06 / STRATEGY

TOWS strategy matrix

Assign actions to the proposed director and clinical lead rather than treating framework scores as evidence.

Action ownership

The clinical lead controls scope, eligibility, consent and complication arrangements. The director funds staffing, quality systems and premises. Marketing cannot override a clinical refusal. Both roles sign off opening evidence, without claiming a appointed team exists.

Financial response

Capacity and demand tests expose reliance on booked visits. Delaying opening keeps salaries and rent paid. If cash falls below the protected obligations, secure additional actual capital or revise commitments before proceeding; no borrowing plug appears automatically.

Pairing	Action and proposed owner
SO	Clinical lead verifies narrow scope before local testing
ST	Clinical lead audits product chain and aftercare
WO	Director validates demand with dated enquiries and prices
WT	Director funds delay buffer and freezes expansion

07 / PEOPLE

Owner and management

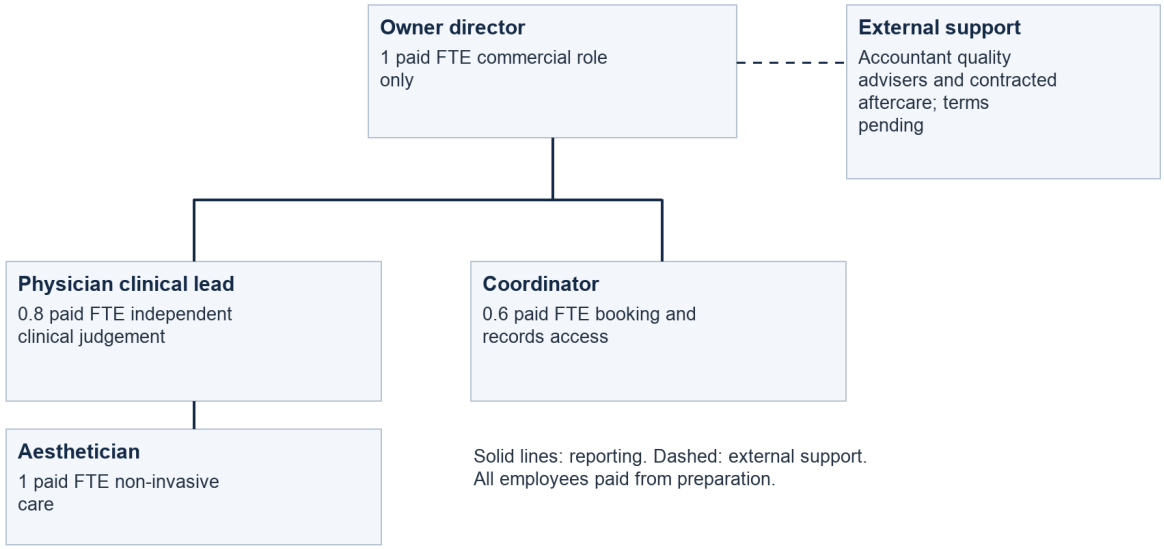
The owner is a paid full-time commercial director, with no assumed clinical licence or treatment role.

Responsibilities

The director manages lease, staffing contracts, finance, appointment administration and supplier controls. Clinical decisions remain with the authorised physician. The director cannot prescribe, perform injections or approve a treatment against clinical judgement.

Paid structure

The model pays one director, 0.8 physician FTE, one aesthetician FTE and 0.6 coordinator FTE from January, including preparation. External accountant, quality support and aftercare arrangements must be contracted within the stated services and insurance budgets or the budget revised.



Planning framework and assumptions / Owner and management

08 / PEOPLE

Owner and key personnel profiles

Recruit against verified role requirements; this plan invents no biography, registration or credential.

Clinical lead

Verify the physician BIG entry, legal authority, procedure-specific education and experience, prescribing arrangements, references, indemnity, current competence and response to complications. Registration alone is not proof of competence. The physician must approve the composite slot and aftercare resource assumptions.

Other roles

Verify aesthetician training for the non-invasive menu and coordinator skills in privacy, booking and escalation. The director requires budgeting and employment capabilities. No aesthetician injection delegation is assumed. Keep evidence and role boundaries in the actual opening dossier.

Item	Planning assumption
Physician	BIG plus demonstrated competence and clinical arrangements
Aesthetician	Documented non-invasive scope and training
Coordinator	Privacy booking and escalation skills
Director	Commercial role without assumed medical authority

09 / MARKET

Target customers

The intended audience is adults in the Amsterdam catchment seeking an elective cosmetic consultation or non-invasive facial.

Eligibility before conversion

A marketing enquiry is not an eligible patient. The physician assesses clinical suitability and informed choice independently; client expectations may require refusal or referral. The plan assumes an adults-only service policy and no diagnosis or efficacy promise.

Demand assumptions

Base initial requests are 60 injectable and 75 facial completed visits per month, after assumed refusals and no-shows, with 2% monthly growth before caps. These are unvalidated planning inputs. No real patient data, waiting list or conversion survey is claimed.

10 / MARKET

Segmentation targeting and positioning

Segment by service suitability, preferred appointment access and transparent price expectations, then target eligible adults within paid capacity.

Segmentation

Separate physician consultation and injectable demand from non-invasive facial demand. Do not target health anxiety, minors or vulnerability as a commercial advantage. Time-sensitive clients require appointment clarity rather than shortened assessment or omitted follow-up.

Positioning

The intended position is a narrow, documented care pathway with understandable prices and accessible aftercare. It is an operating intention, not an observed advantage over competitors. Promotion must be reviewed for the actual procedure, product and local advertising restrictions.

STP step	Decision
Segment	Service fit access and price expectations
Target	Eligible adults within physician and room capacity
Position	Documented pathway and transparent scope

11 / MARKET

Value proposition canvas

The proposed value is clarity about assessment, scope, price and aftercare, rather than a guaranteed appearance outcome.

Customer side

Hypothesised jobs are to understand available options and make an informed elective decision. Pains may include unclear pricing, pressure to proceed, fragmented aftercare and uncertainty about credentials. Gains sought are sufficient explanation and a clear point of contact. Interviews are still required.

Offer side

Provide a scoped consultation, named responsible clinician, consent process, documented visit and escalation contact. The physician may refuse treatment. Time and paid quality services must support these promises; do not describe the intended process as established patient satisfaction.



Planning framework and assumptions / Value proposition canvas

12 / MARKET

Market size and trends

Use an explicitly hypothetical catchment method; operating sales are not validated market capture.

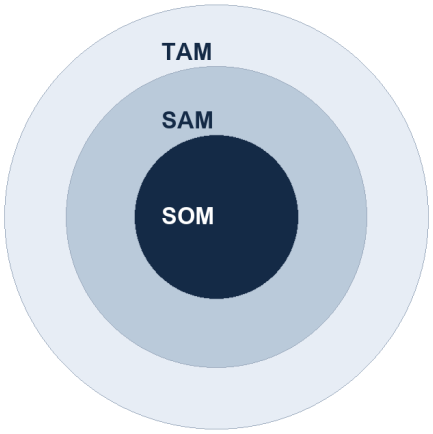
TAM and SAM method

For a 2027 Amsterdam search scope assume 20,000 adults considering the offered service categories and EUR 400 annual net category spend, giving EUR 8 m TAM. Assume 5000 adults within reachable geography, affordability and eligible service fit at the same spend, giving EUR 2 m SAM. Counts and spend are unverified, not census facts.

SOM boundary

SOM is the modelled service footprint constrained by paid clinician and room time. It is not verified market share or a number of unique patients: completed visits may include repeats. Validate a dated catchment count, eligibility logic and comparable annual spending before making a market-share claim.

Scope	2027 annual net assumption	Evidence
TAM	EUR 8,000,000	20,000 adults x EUR 400 unverified
SAM	EUR 2,000,000	5000 adults x EUR 400 unverified
SOM	Model operating revenue	Visit footprint not validated capture



TAM hypothesis: 20000 adults x EUR400 annual net category spend = EUR8m.

SAM hypothesis: 5000 reachable suitable adults x EUR400 = EUR2m.

SOM is the model operating footprint, not validated capture or unique patients.

Amsterdam intended catchment, 2027 annual EUR. Schematic areas; counts and spend unverified.

Planning framework and assumptions / Market size and trends

13 / MARKET

PESTLE analysis

The local environment affects permission, payroll, discretion in spending, records and safe disposal.

External factors

Clinical supervision and changing care-entry rules require current checks. Discretionary consumer spending may weaken. Social pressure around appearance makes informed choice and restrained advertising important. Secure clinical records and procurement evidence are operational requirements, not a technology differentiator.

Responses

Budget payroll and quality support before revenue, verify the actual clinical and municipal perimeter, restrict record access and use authorised waste collection. Review treatment VAT separately from any future therapeutic service. No sustainability or regulatory-compliance certification is claimed.



Planning framework and assumptions / PESTLE analysis

14 / MARKET

Local demand and evidence

No enquiries, patient appointments, paid tests or competitor quotations have been obtained.

Evidence programme

Before leasing, collect twenty voluntary adult interviews on access, price clarity and decision process without seeking clinical diagnoses. Request matched written prices for the proposed service scope. A clinically authorised lead must approve any care-related test. Record dates and sample limitations.

Validation threshold

A booking is not evidence of eligibility or retained revenue. Reconcile actual completed appointments, refunds, occupied hours and collected gross fees. Revise the forecast after observed operating evidence. The launch marketing budget does not itself create a patient cohort or guarantee the request ramp.



Evidence status 4 October 2026. Requested visits are assumptions, not observed demand.

Planning framework and assumptions / Local demand and evidence

15 / MARKET

Competitors and positioning

Alternatives include physician clinics, larger aesthetics chains, non-invasive beauty salons and choosing no treatment.

Comparison

Compare qualifications and scope, assessment time, stated total fees, aftercare availability and complaint arrangements using dated evidence. Do not invent ratings or claim a competitor is unsafe. A low advertised toxin-area price is not directly comparable with a mixed completed-visit ticket.

Practical implication

The business must fund proper time and quality controls even when competitors advertise lower prices. If matched quotes and eligible enquiries do not support the price, adjust gross tickets and volume, then recheck cash. No physician capacity saving is assumed from a cheaper room or marketing spend.

Item	Planning assumption
Physician clinic	Matched clinical scope and aftercare quote pending
Aesthetics chain	Access and total fee evidence pending
Beauty salon	Non-invasive scope comparison only
No treatment	Valid client decision, no sales pressure

16 / MARKET

Porter five forces

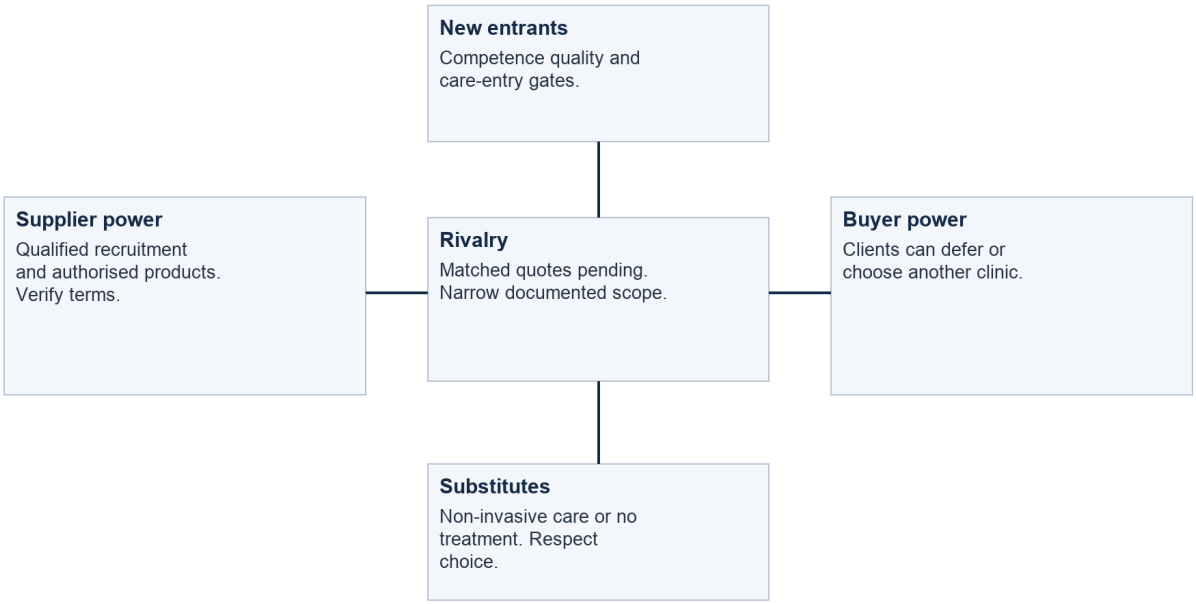
Competition and bargaining power affect commercial viability without weakening clinical decisions.

Forces

Physician recruitment and authorised product supply constrain sourcing. Clients can defer care or choose another provider. Rivalry requires actual comparable quotations. New entrants face competence and care-quality obligations. Substitutes include non-invasive care and no intervention.

Responses

Verify recruitment and supplier terms before committing capital; explain total prices and preserve a refusal pathway. Monitor collected visit contribution with fixed paid capacity. No quantitative force rating or claim of a protected market is presented.



Planning framework and assumptions / Porter five forces

17 / STRATEGY

Strategy canvas

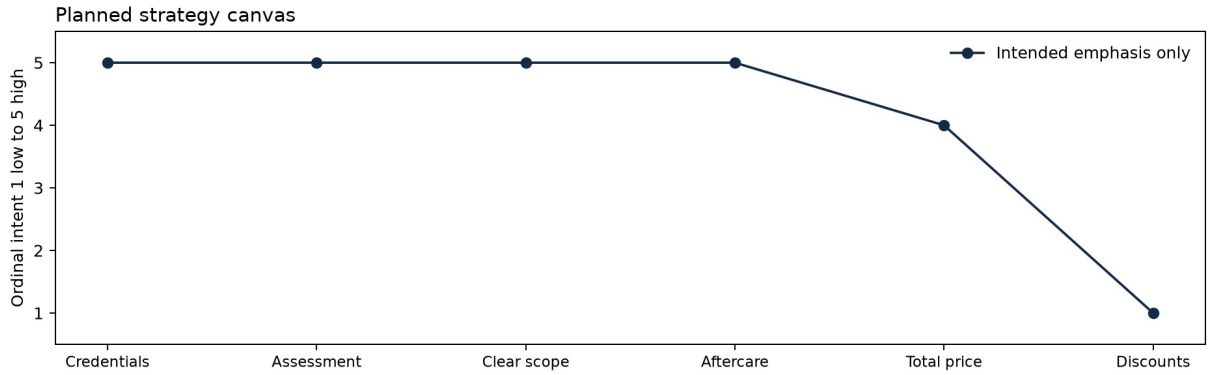
The chart records management intentions on an ordinal scale, not observed competitor performance.

Dimensions

The proposed emphasis is credential transparency, adequate assessment, scope clarity, aftercare access and total-price clarity. Discount depth receives less emphasis because paid clinical time and proper sourcing cannot be assumed away.

Testing

Use matched public information and interviews to evaluate whether these factors affect an informed choice. Keep clinical quality evidence separate from marketing preference. Any promise requiring extra hours, extended coverage or new equipment must be funded before advertising.



Planning framework and assumptions / Strategy canvas

18 / OPERATIONS

Location and premises

Assume two treatment rooms in a leased Amsterdam site, with no address, landlord agreement or permitted-use evidence.

Site criteria

Require appropriate treatment-room layout, privacy, hygienic flows, accessible entry, product storage, staff facilities and waste handling. The physician and relevant advisers must approve fit for the actual menu. Room count does not substitute for clinician competence.

Cost and conditions

Base rent is EUR 4800 gross monthly from January, without input VAT recovery. Each room offers 120 net usable hours monthly after cleaning and closures; provider capacity is a separate cap. Obtain permitted-use, landlord, fire and accessibility checks before signing an irreversible commitment.

Item	Planning assumption
Rooms	Two assumed not leased
Rent	EUR 4800 gross monthly preparation included
Usability	120 net hours per room monthly Base
Opening gate	Actual site and clinical assessment

19 / OPERATIONS

Equipment and resource plan

Base initial capital is EUR 130,000 net, comprising EUR 40,000 fitout and EUR 90,000 equipment furnishings and IT.

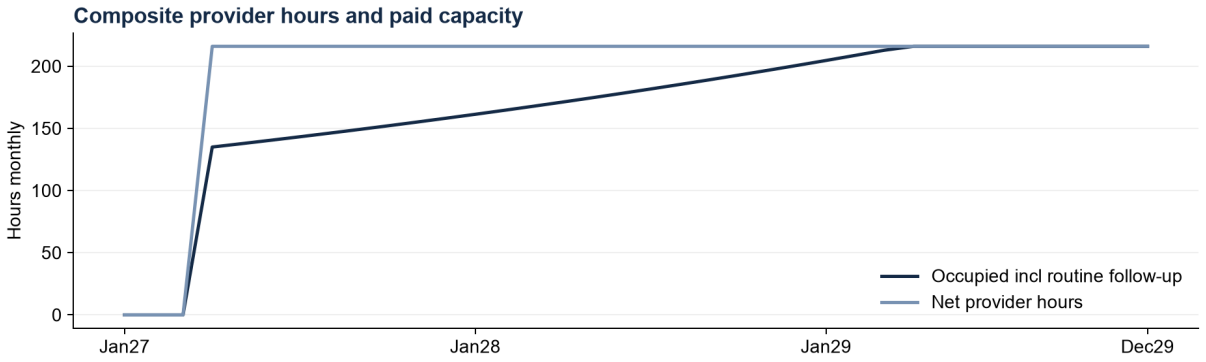
Initial resources

The equipment budget covers treatment furnishings, storage, clinically approved support items and records infrastructure. No laser or energy device is purchased. Actual specification, price, maintenance and product requirements must be determined by the responsible clinician and suppliers.

Finite cohorts

Initial assets are purchased one month before opening if ready and depreciated over 60 months from purchase. EUR 15,000 net components are bought each twelfth operating month, with separate 48-month depreciation cohorts. Depreciation stops when each life ends. Replacement capital adds no room or clinician capacity.

Item	Planning assumption
Fitout net	EUR 40,000 assumption
Equipment furnishings IT net	EUR 90,000 assumption
Initial cash including VAT	EUR 157,300 assumption
Annual operating components net	EUR 15,000 assumption



Source model v 1.0 Base case captured 4 October 2026 / Equipment and resource plan

20 / OPERATIONS

Service and product strategy

Offer only elective cosmetic injectable visits and non-invasive facials within demonstrated competence and eligibility.

Injectables

The physician-only policy is stricter than a general delegation model. Products require authorised sourcing, storage, traceability and appropriate prescribing or device controls. S1 and S2 explain the general supervision context. The financial mix is a cost budget, not a recommendation of toxin units, filler dose or clinical technique.

Facials and exclusions

The aesthetician menu excludes injections, lasers, surgery and therapeutic claims. There is no membership, skincare retail or prepaid package revenue. Adding a service needs actual competence, permission, VAT and resource review rather than merely changing the financial ticket.

Item	Planning assumption
Physician menu	Eligible elective injectables only
Aesthetician menu	Non-invasive facial care only
Not budgeted	Laser surgery therapeutic care retail memberships

21 / OPERATIONS

Pricing and visit economics

Base assumes gross consumer tickets of EUR 460 for the mixed injectable visit and EUR 120 for a facial, including 21% VAT.

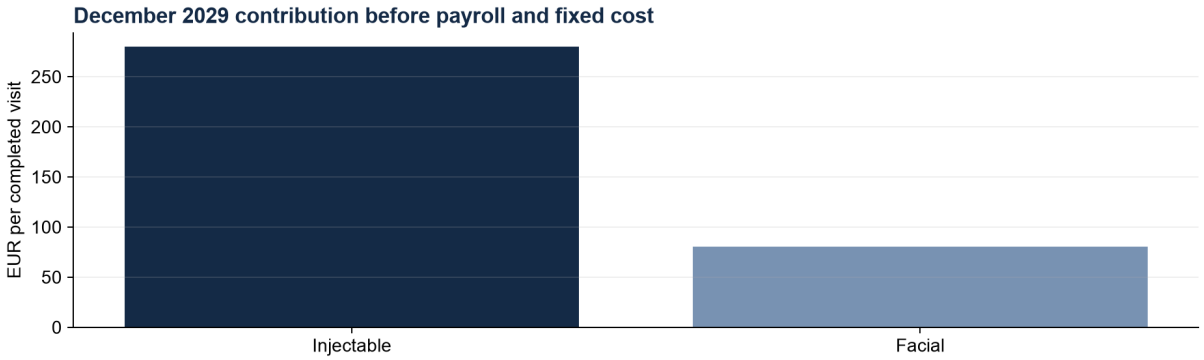
Net recognition

After a 2% refund assumption, net revenue per completed injectable visit is EUR 372.56 and per facial EUR 97.19 at 2027 prices. Refunds reduce revenue and output VAT but completed-visit time and consumables remain charged. A 1.5% processor fee is charged on gross sales after refunds.

Purchased cost

The injectable budget is 60% toxin-led visits at 40 units x EUR 2.20 net and 40% filler-led at one syringe x EUR 110 net, giving EUR 96.80 consumables per completed visit. Facials consume EUR 18 net. These unquoted purchasing quantities do not prescribe patient treatment; actual care varies and the budget must be revised.

2027 Base item	Injectable EUR	Facial EUR
Gross ticket incl VAT	460.00	120.00
Net revenue after assumed refunds	372.56	97.19
Consumables per completed visit	(96.80)	(18.00)
Processor fee	(6.76)	(1.76)
Contribution before payroll fixed costs	269.00	77.43



Source model v 1.0 Base case captured 4 October 2026 / Pricing and visit economics

22 / OPERATIONS

Competitor price comparison

No dated like-for-like prices have been obtained; model tickets are hypotheses.

Evidence specification

Compare complete visit scope, responsible practitioner, assessment and routine follow-up inclusion, gross VAT treatment and exclusions. Record quote date and service definition. Single-area adverts and promotional packages are not the same as this blended financial visit.

Response

If actual eligible enquiries do not support gross tickets, lower the model inputs and review fixed-cost affordability before opening. Do not compensate for weak pricing by removing the physician, reducing safe slot time or claiming a VAT exemption without a qualifying therapeutic purpose.

Comparison	Evidence status
Matched physician visit	Written quote pending
Matched non-invasive facial	Written quote pending
Our blended budget	EUR 460 and EUR 120 gross assumptions

23 / SALES

Brand and customer experience

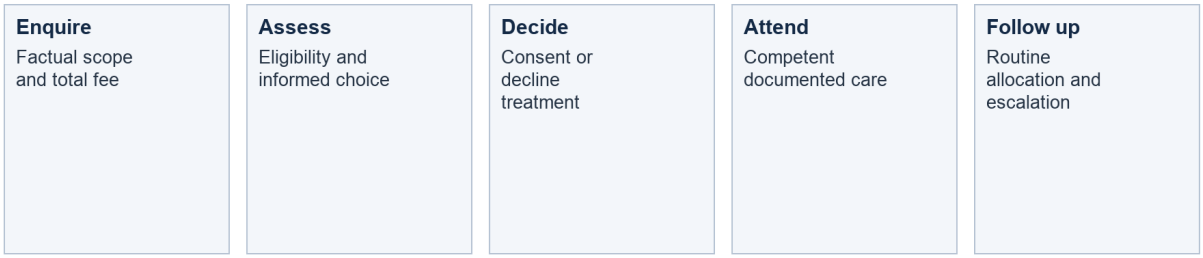
Use clear information and a no-pressure assessment process rather than outcome promises.

Identity

Canal Skin is a working name, not a registered brand. Check rights and approved wording before use. State the actual clinician and service scope once verified; never imply credentials or specialist status that the team does not hold.

Experience

Provide understandable total price, an explanation of risks and alternatives, consent, recorded treatment and clear aftercare contact. Declining or delaying treatment is a valid outcome. Complaint handling is independent and must be arranged before opening. These are planned controls, not an observed satisfaction record.



Planning sequence only. No clinician, premises, permission, patient book or finance is secured.

Planning framework and assumptions / Brand and customer experience

24 / SALES

Sales channels and process

Enquiries pass clinical assessment before they can become treatment revenue.

Channels

Use a factual local service page, approved directory information and voluntary enquiries. No referral incentive, influencer endorsement or clinical-results claim is assumed. Review the actual advertising and medicine-promotion perimeter with qualified advisers.

Process

Coordinator records appointment interest with limited necessary data. The physician reviews suitability and consent independently. Only completed visits enter revenue, after refunds; no prepaid packages are assumed. Gross client settlement lag is editable, and delayed receipt creates a real receivable and cash need.

Item	Planning assumption
Enquiry	Factual scope and gross price
Assessment	Physician eligibility and informed choice
Visit	Competent care and documentation
Aftercare	Routine time plus escalation arrangement
Payment	Reconcile gross collected fees and refunds

25 / SALES

Launch marketing

Base marketing is EUR 2000 net monthly from preparation and does not mechanically generate demand.

Preparation

Validate message and service definition, obtain matched prices and test intended access preferences without providing unapproved care. Preserve confidentiality and do not collect unnecessary health information through marketing forms. The clinical lead reviews patient information.

After opening

Track eligible completed visits, collected contribution and enquiry source separately. No budget conversion rate or guaranteed cohort is invented. Keep promotion inside the approved factual scope and revise the spend only after cash and evidence review.

Item	Planning assumption
Budget	EUR 2000 net per month plus assumed eligible VAT
Before opening	Message and access research
After opening	Observed eligible visits and cash contribution

26 / SALES

Retention and ongoing sales

Repeat visits depend on clinical appropriateness and informed client choice, not a compulsory package.

Follow-up

Routine follow-up allocation sits within the one-hour composite physician slot. The physician must validate its adequacy from actual practice and review time consumed. Aftercare access cannot depend on a new paid booking or on a client accepting another treatment.

Review

Monitor repeat appointments, refusals, complaints, refunds and unplanned follow-up time. The demand ramp is a planning assumption, not a retention cohort derived from observed behaviour. More repeat visits still consume clinician and room time, and cannot exceed the same physical caps.

Item	Planning assumption
Routine follow-up	Included in composite clinical slot
Unplanned need	Documented escalation arrangement required
Retention metric	Observed eligible repeats, no package obligation

27 / OPERATIONS

Daily operations and suppliers

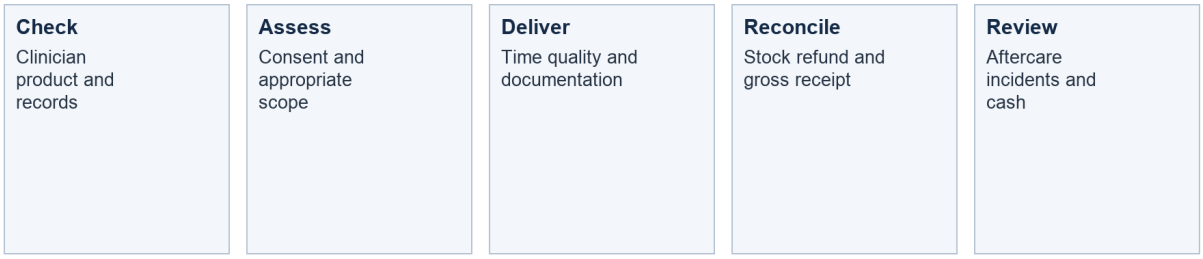
The physician controls clinical work; the director and coordinator reconcile bookings, products and receipts.

Daily controls

Confirm appropriate clinician presence, product status and necessary records before each session. Protect patient information and separate commercial access from clinical judgement. Record actual slot and follow-up hours, stock movement and incidents; do not use a volume target to shorten care.

Supply and cash

Purchase through authorised channels confirmed by the clinical lead. Stock closes at a target 0.5 months of current consumed cost in Base; excess stock is retained, not returned for fictitious cash. Suppliers settle after one month in Base. Actual expiry and waste evidence may require a stock write-down and higher cost budget.



Planning sequence only. No clinician, premises, permission, patient book or finance is secured.

Planning framework and assumptions / Daily operations and suppliers

28 / OPERATIONS

Sustainability practices

Safe clinical handling governs product and waste decisions; environmental benefits require measured evidence.

Practices

Use appropriate segregation, sharps handling, storage and authorised waste collection for the actual clinical activities. Avoid purchasing more short-life products than safe use supports. The services budget includes planned collection and quality support, subject to actual quotes.

Measurement

Record product expiry, discarded stock, waste collections and energy use. No quantified emissions saving or sustainability certification is claimed. Environmentally preferable procurement cannot override clinical safety, product authorisation or hygiene requirements.

Item	Planning assumption
Waste	Safe segregation and authorised collection
Stock	Monitor expiry and actual discarded units
Claims	No measured environmental benefit yet

29 / PEOPLE

Staffing and training

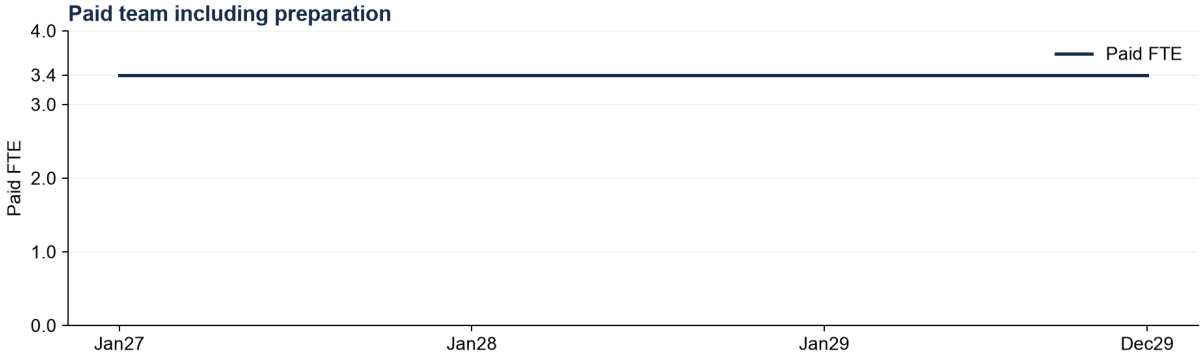
The model pays 3.4 FTE from preparation: director 1, physician 0.8, aesthetician 1 and coordinator 0.6.

Costed team

Annual gross Base pay is director EUR 96,000, physician EUR 88,000 for 0.8 of EUR 110,000 full-time, aesthetician EUR 42,000 and coordinator EUR 22,800 for 0.6 of EUR 38,000 full-time. A 25% employer load and 2.5% calendar-year salary inflation are budget proxies requiring actual payroll review.

Net capacity

Each provider FTE has 120 monthly net hours after leave, sickness, training, admin and general nonvisit time. Composite visit slots include intake, treatment, documentation and routine follow-up allocation. Base physician capacity is 96 one-hour visits and aesthetician capacity 120. No unused room hour creates a physician hour.



Source model v 1.0 Base case captured 4 October 2026 / Staffing and training

30 / PEOPLE

Staff skills and fair work

Pay preparation and training time, verify competence and preserve clinical autonomy.

Verification

Inspect current clinician registration and demonstrated skills for each offered procedure. Aesthetician and coordinator roles receive scope, privacy and escalation training. Actual employer terms, pension and working-time requirements need professional review; load and hours are financial proxies.

Director pay

S8 requires the customary-pay comparison, not merely a floor. EUR 96,000 exceeds the 2026 EUR 58,000 floor and assumed highest actual employee gross pay EUR 88,000, but comparable work and actual contracts may require more. The model rejects director pay below the conservative floor or highest budgeted employee pay.

Item	Planning assumption
Clinical work	Verified scope and competence before duties
Preparation	Paid employment and training
Director pay	Actual customary-pay advice remains required

31 / READINESS

Legal and insurance requirements

Opening requires evidence for the actual provider, clinician, premises, menu and aftercare arrangements.

Care-entry and clinical gates

Review the CIBG Wtza notification and authorisation checks using actual care type and entity. Small headcount or self-pay alone does not establish exemption. Arrange quality and independent complaints processes, informed consent, records, product controls and a clinician-approved complication pathway using S1 to S4 and S9.

Financial and premises gates

Confirm appropriate clinical indemnity, public and employer cover, municipal use, landlord terms, secure records and authorised procurement. Base gross insurance EUR 1000 and net services EUR 1500 monthly are unquoted budgets. Services allocate EUR 500 to IT, EUR 400 to quality and waste controls, and EUR 600 to contracted external aftercare availability; these are not secured contracts. The clinical lead must confirm after-hours availability and contingency cover before opening; material quotes revise the forecast.

Item	Planning assumption
Provider	CIBG perimeter and evidence before care
Clinician	Authority competence indemnity
Patients	Consent records complaints aftercare
Site	Use hygiene accessibility waste and landlord
Tax	Elective VAT and actual payroll/tax review

32 / READINESS

Opening roadmap

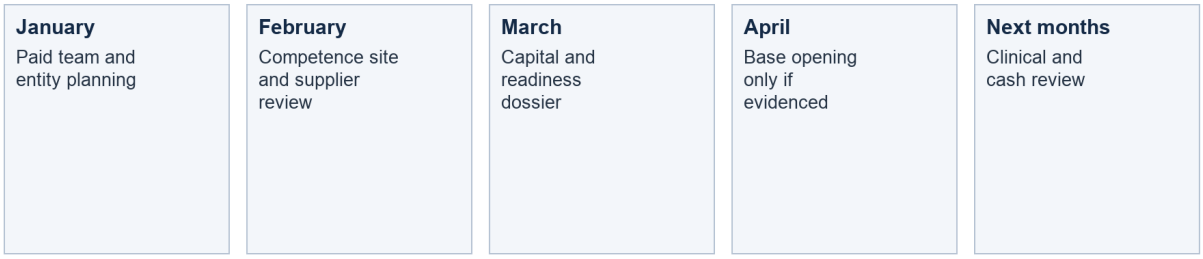
Base assumes three paid preparation months, with capital and borrowing in March and care starting in April 2027 only if ready.

Preparation

January is for entity and recruitment planning. February verifies care-entry scope, clinician competence, premises and suppliers. March completes contracts, equipment, quality processes and complication arrangements. No actual completion is claimed; equity is a proposed January source.

Opening and review

Readiness must remain zero until all conditions are evidenced. In the model, zero stops visits, capital and loan draw but all staff and fixed commitments remain paid throughout 36 months. A delayed opening shifts draw and capital to one month before opening; preparation salaries are not postponed. Review actual cash and clinical capacity before increasing activity.



Planning sequence only. No clinician, premises, permission, patient book or finance is secured.

Planning framework and assumptions / Opening roadmap

33 / READINESS

Risks and management actions

The most serious risks are patient harm, unverified readiness, reliance on one physician and a slow appointment ramp.

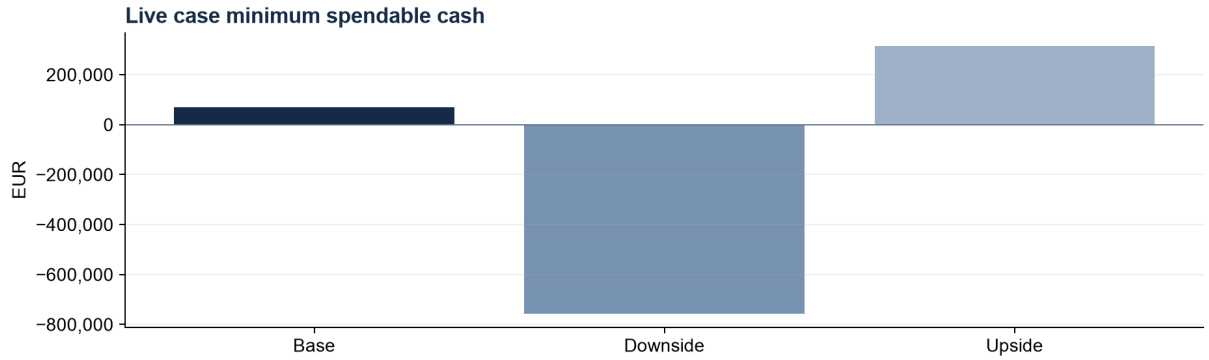
Clinical risks

The clinical lead must control selection, competence, authorised products, documentation, consent and response to complications. Unplanned aftercare can reduce revenue capacity and require higher spending. No insured recovery, zero-complication rate or ability to use an unqualified replacement is assumed.

Commercial risks

Staff and rent continue when opening or demand disappoints. Price cuts, refunds, cost inflation and slower collections reduce protected cash. The Downside changes these inputs while retaining paid roles. Negative spendable cash means unfunded obligations; obtaining actual capital or revising commitments is necessary before proceeding.

Risk	Proposed action owner
Complication or unsafe scope	Clinical lead confirms response before opening
Physician unavailable	Suspend injections, fund qualified cover if arranged
Readiness delay	Director rechecks paid preparation and capital
Weak demand or price	Revise inputs and cash before commitments
Funding gap	Secure actual capital; no model plug



Source model v 1.0 all three cases captured 4 October 2026 / Risks and management actions

34 / READINESS

Research and evidence

Primary sources describe general obligations and tax boundaries; they do not validate this business or its clinical team.

Source scope

S1 and S2 describe cosmetic-care supervision. S3 and S4 describe care-entry checks. S5 and S6 support the taxable elective-menu baseline. S7 and S8 provide current tax and customary-pay context. S9 provides a general provider overview; S10 and S11 distinguish qualifying medicine and medical-device purchase VAT. All were reviewed on 4 October 2026.

Unresolved evidence

No clinician or supplier is appointed, premises identified, demand measured, matched prices obtained or financing secured. Actual care permissions, tax base, clinical time, complication cover and capital quotes remain opening gates. This plan contains no patient records or treatment instructions.

S1 IGJ cosmetic injectables supervision Open primary page

S2 IGJ supervision of cosmetic care Open primary page

S3 CIBG notification before starting care Open primary page

S4 CIBG Wtza authorisation scope Open primary page

S5 Dutch Tax Administration therapeutic and cosmetic VAT boundary Open primary page

S6 Dutch Tax Administration standard VAT Open primary page

S7 Dutch Tax Administration corporate tax rates Open primary page

S8 Dutch Tax Administration director customary pay Open primary page

S9 Business.gov.nl performing cosmetic procedures Open primary page

S10 Dutch Tax Administration medicine purchase VAT Open primary page

S11 Dutch Tax Administration medical device VAT scope Open primary page

35 / READINESS

Quotes and assumptions

Every commercial amount and operating volume is a planning input unless identified as a sourced rule.

Budget evidence

Obtain written rent, fitout, equipment, authorised products, recruitment, insurance, quality and aftercare quotes. Record scope, date, VAT, payment terms and exclusions. The assumed EUR 600,000 Base source package is not a lender or shareholder commitment.

Refresh discipline

Replace assumptions with evidence through the workbook Inputs cells, save, and use the retained ordinary JavaScript rebuild. Recalculate in the native engine, verify linked statements and refresh the result capture, Word figures, charts and native contents together. The Word document is a dated snapshot, not a live Excel link.

Item	Planning assumption
Commercial quotes	All pending
Clinical credentials	All pending verification
Demand	Hypothetical requests not survey results
Capital	Uncommitted equity and loan

36 / FINANCE

Startup costs and funding

Base proposes EUR 500,000 equity in January and EUR 100,000 debt one month before opening, subject to readiness.

Initial uses

The initial EUR 130,000 net capital has EUR 27,300 assumed eligible VAT. Opening professional expense is EUR 18,000 gross, and the 2% loan fee is EUR 2000. Staff, rent, insurance, marketing and services are paid separately through the monthly schedule; initial sources less these one-time uses are not free distributable cash.

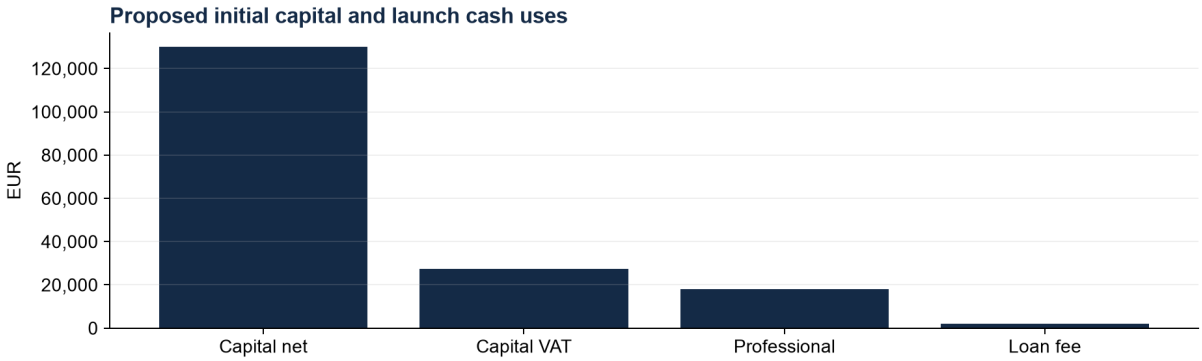
Funding conclusion

Review minimum spendable cash, protected VAT and tax obligations and the Downside before signing. There is no bank overdraft or automatic balancing finance. The proposed capital does not demonstrate affordability if clinical cover, payroll or rent quotes are materially higher.

Cash finding

Base minimum spendable cash is EUR 69,314 and Downside further funding is EUR 757,767. Paid preparation, net visits, gross settlements and protected obligations determine affordability. No additional finance is added to erase losses.

Source or initial use	EUR
Proposed equity	500,000
Proposed loan	100,000
Total proposed sources	**600,000**
Initial capital and launch cash uses	177,300
Before paid preparation	422,700



Source model v 1.0 Base case captured 4 October 2026 / Startup costs and funding

37 / FINANCE

Itemized startup costs

Separate capital assets, recoverable input VAT and immediate expenses; do not expense and capitalise the same item twice.

Accounting basis

Fitout and equipment are one initial management book cohort with no residual value and a finite life. Gross cash includes VAT, while eligible capital VAT enters the VAT credit balance. Professional and loan fees are expensed, have no assumed VAT recovery and are conservatively added back in the tax proxy.

Later uses

Replacement components at each twelfth operating month have distinct finite cohorts and no capacity uplift. Actual statutory capitalisation, useful lives, impairment and tax basis need accountant review. No asset sale or salvage receipt is assumed within the horizon.

Initial item	EUR
Fitout net planned share	40,000
Equipment and furnishings net planned share	90,000
Initial capital VAT	27,300
Opening professional expense gross	18,000
Loan fee expense	2,000

38 / FINANCE

Owner personal survival budget

Owner household needs are shown separately; business payroll already contains the director salary.

Household proxy

Base assumes EUR 4500 monthly need and no outside income. EUR 96,000 annual gross at a 65% take-home proxy gives EUR 5200 monthly estimated net pay and EUR 700 surplus. This is not personal income-tax advice or a forecast of disposable cash for a real person.

Avoid double counting

The household budget does not create a second withdrawal or business expense. Salary and employer load already enter profit and cash from preparation. Verify actual family needs, tax, insurance and debt before relying on the proxy.

Monthly household proxy	EUR
Household need	4,500
Outside income	–
Required director take home	4,500
Estimated salary net	5,200
Surplus proxy	700

39 / FINANCE

Financing terms and security

The Base loan is an unquoted EUR 100,000 facility at 7.5%, with equal principal over 60 months after a three-month grace.

Timing

Draw occurs one month before opening if readiness is one. Full-month interest is charged on opening debt plus draw. Principal starts at draw month plus three, capped at remaining debt. Borrowing does not grow when cash is negative and residual principal remains at December 2029.

Conditions

No collateral value, lender approval, covenant waiver or shareholder guarantee is evidenced. Obtain actual terms, security and permitted-use approval before commitments. A delayed opening shifts draw, fees and initial assets while staff and fixed preparation costs continue.

Horizon residual

Base remaining loan principal at December 2029 is EUR 48,333. This is an unpaid liability beyond the forecast horizon, not a funding source or assumed forgiveness. Actual refinancing and repayment capacity must be reviewed before signing.

Unquoted Base term		Assumption
Principal		EUR 100,000
Annual interest		7.5%
Principal term	60 months after grace	
Fee	2% expensed at draw	
Security	Not evidenced	

40 / FINANCE

Revenue forecast and capacity

Recognise only completed service visits after refunds, excluding VAT; separate provider and room constraints bind volume.

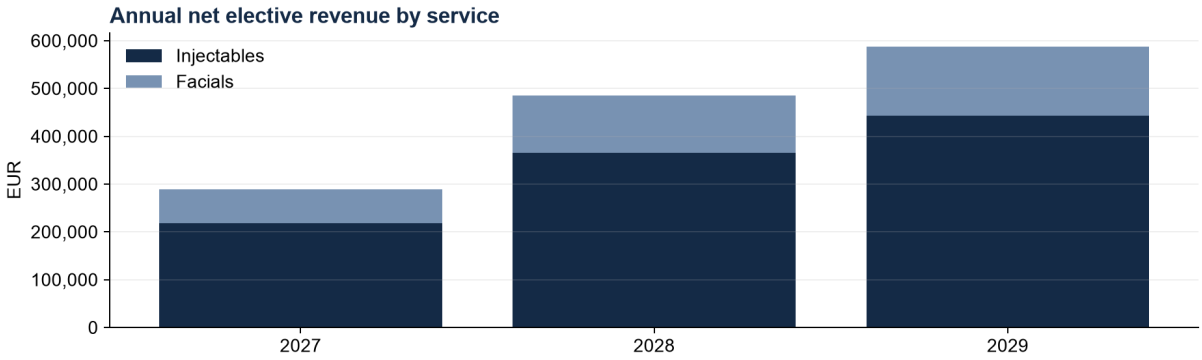
Volume mechanics

Requested visits grow from the opening month. Each service is first limited by its paid provider hours divided by composite slot time. If total slot demand exceeds room hours, both volumes are reduced proportionally. Fractional forecasts represent expected visits, not partial clinical treatment.

No capacity shortcut

Physician time cannot be replaced by aesthetician or unused room time. One-hour slots include routine follow-up allocation; net available hours already exclude general leave and training. Excess demand does not create overtime, free owner treatment or capex-driven clinician hours.

Annual Base forecast	2027	2028	2029
Injectable completed visits	585	962	1,142
Facial completed visits	732	1,202	1,428
Injectable net revenue	218,052	365,467	442,776
Facial net revenue	71,104	119,174	144,383
Net revenue	**289,156**	**484,641**	**587,159**



Source model v 1.0 Base case captured 4 October 2026 / Revenue forecast and capacity

41 / FINANCE

Costs and projected profit

Consumables, processor fees, paid staff and fixed overhead remain explicit; gross contribution is not profitability.

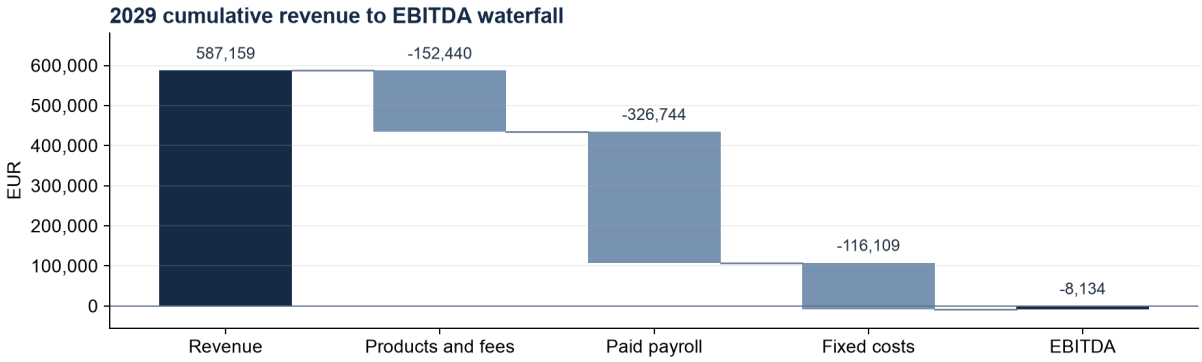
Visit cost

Completed visits consume full budgeted products even when an assumed refund reduces revenue. Unit purchase costs and menu prices inflate together each calendar year. Current-mix contribution deducts products and processor fees, before salaried providers and fixed commitments.

Fixed cost

The whole paid team and premises budget run from January and remain when readiness is zero. Employer load and salary inflation are assumptions. Initial professional and debt fees enter EBITDA in the draw month; capital is depreciated separately with finite cohorts.

Annual Base cost	2027	2028	2029
Injectable consumables	56,655	94,957	115,043
Facial consumables	13,169	22,072	26,740
Processor fees	5,248	8,796	10,657
Paid payroll	311,000	318,775	326,744
Fixed and opening costs	131,600	113,832	116,109
EBITDA	**(228,516)**	**(73,790)**	**(8,134)**
Net profit	**(256,214)**	**(108,853)**	**(45,447)**



Source model v 1.0 Base case captured 4 October 2026 / Costs and projected profit

42 / FINANCE

Profit and loss forecast

The management forecast shows taxable elective-service revenue, paid operating costs, finite depreciation, interest and a conservative tax proxy.

Tax basis

The corporate tax basis adds back opening professional and debt fees conservatively; actual deductibility is unresolved. Apply frozen 2026 rates to positive calendar-year cumulative taxable book income, allowing within-year provision reversal when later losses reduce that income. No prior-year loss carryforward credit or deferred-tax asset is recognised.

Interpretation

Corporate tax provision is reserved in a separate restricted bank balance, not treated as a payment to the authority. Actual payment calendar, taxable basis, depreciation and interest restrictions need accountant approval. The annual chart is a cumulative revenue-to-EBITDA bridge from the same verified figures.

Annual Base EUR	2027	2028	2029
Injectable net revenue	218,052	365,467	442,776
Facial net revenue	71,104	119,174	144,383
Net revenue	**289,156**	**484,641**	**587,159**
Injectable consumables	56,655	94,957	115,043
Facial consumables	13,169	22,072	26,740
Processor fees	5,248	8,796	10,657
Gross contribution	**214,084**	**358,817**	**434,719**
Owner salary loaded	120,000	123,000	126,075
Physician salary loaded	110,000	112,750	115,569
Aesthetician salary loaded	52,500	53,812	55,158
Coordinator salary loaded	28,500	29,212	29,943
Rent	57,600	58,752	59,927
Insurance	12,000	12,240	12,485
Marketing	24,000	24,480	24,970
Operating services	18,000	18,360	18,727
Opening professional expense	18,000	–	–
Loan fee expense	2,000	–	–
EBITDA	**(228,516)**	**(73,790)**	**(8,134)**
Depreciation	21,667	29,125	32,875
Interest	6,031	5,937	4,437
Profit before tax	**(256,214)**	**(108,853)**	**(45,447)**
Tax provision	–	–	–
Net profit	**(256,214)**	**(108,853)**	**(45,447)**

43 / FINANCE

Cash flow and financial position

Cash includes gross settlement, assets, VAT and debt principal that the profit statement cannot describe.

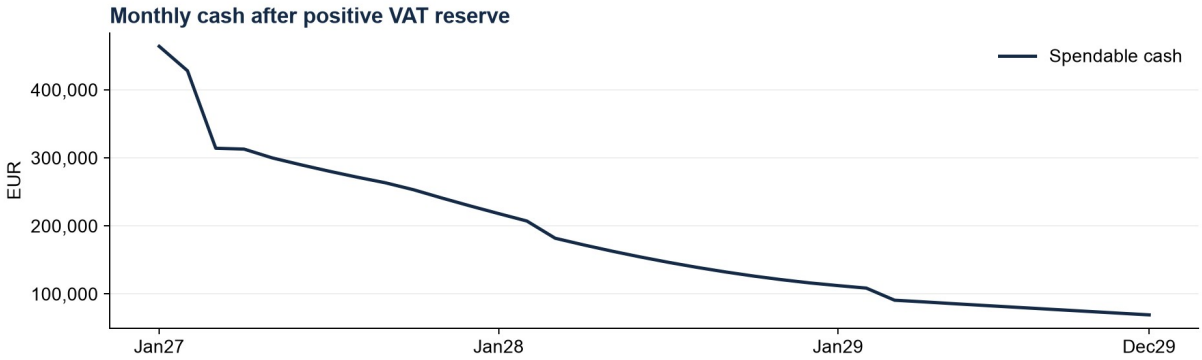
Cash timing

Clients pay gross fees after the editable settlement lag. Toxin medicines, filler supplies and facial products have separate stock and purchase schedules. Qualifying authorised toxin medicine purchase VAT is assumed 9% using S10; filler and facial supply VAT is conservatively 21% pending actual invoice classification using S11. Gross supplier liabilities persist until paid. Initial and replacement assets consume gross cash, with eligible VAT credited separately. No income is created by an asset purchase, product invoice or equity draw.

Protected cash

VAT credits carry forward without refund receipts; a positive prior-quarter balance is paid in the next month. Tax book provision moves to a restricted bank reserve. Spendable cash is unrestricted closing cash less any positive VAT balance; negative values are unfunded obligations, not an available facility.

Base closing or minimum measure	EUR
Minimum spendable cash	69,314
Further Base funding	–
December 2029 debt	48,333
December 2029 restricted tax cash	–



Source model v 1.0 Base case captured 4 October 2026 / Cash flow and financial position

44 / FINANCE

Cash flow forecast months one to six

The first six months show paid preparation, proposed capital in March and assumed April opening.

Reading

The table uses January through June 2027 Base. Opening cash plus signed cash movements equals closing unrestricted cash. Payroll includes all four roles from January, and gross capital includes the assumed eligible VAT.

Limits

Proposed equity and loan must actually be secured before commitments. Negative cash is an unmet funding need. A readiness failure stops treatments and conditional asset and debt events while the contracted cost base continues.

Base cash EUR	Jan27	Feb27	Mar27	Apr27	May27	Jun27
Opening unrestricted cash	–	464,048	428,097	314,220	312,973	300,012
Proposed equity draw	500,000	–	–	–	–	–
Proposed loan draw	–	–	100,000	–	–	–
Gross client receipts	–	–	–	35,868	36,585	37,317
Consumable suppliers paid	–	–	–	–	(12,422)	(8,529)
Payroll paid	(25,917)	(25,917)	(25,917)	(25,917)	(25,917)	(25,917)
Rent and insurance	(5,800)	(5,800)	(5,800)	(5,800)	(5,800)	(5,800)
Marketing and services gross	(4,235)	(4,235)	(4,235)	(4,235)	(4,235)	(4,235)
Processor fees	–	–	–	(538)	(549)	(560)
Professional and loan fees	–	–	(20,000)	–	–	–
Capital gross	–	–	(157,300)	–	–	–
Interest paid	–	–	(625)	(625)	(625)	(625)
Principal paid	–	–	–	–	–	(1,667)
VAT paid	–	–	–	–	–	–
Tax reserve transfer	–	–	–	–	–	–
Net cash change	464,048	(35,952)	(113,877)	(1,247)	(12,962)	(10,015)
Closing cash	**464,048**	**428,097**	**314,220**	**312,973**	**300,012**	**289,996**

45 / FINANCE

Cash flow forecast months seven to twelve

The second half of 2027 continues the same paid-cost, settlement, VAT and debt rules.

Reading

The table covers July through December 2027. There is no balancing finance row. Principal is capped at debt, eligible purchases affect VAT and the tax reserve follows the book provision rather than an invented authority payment.

Reconciliation

Review gross receivables and payables alongside cash. Where settlement or supplier lag changes, these balances roll forward without duplicate income or expense. No patient deposit, membership liability or product retail is present.

Base cash EUR	Jul27	Aug27	Sep27	Oct27	Nov27	Dec27
Opening unrestricted cash	289,996	280,556	271,701	263,445	255,798	248,773
Proposed equity draw	–	–	–	–	–	–
Proposed loan draw	–	–	–	–	–	–
Gross client receipts	38,063	38,825	39,601	40,393	41,201	42,025
Consumable suppliers paid	(8,700)	(8,874)	(9,052)	(9,233)	(9,417)	(9,606)
Payroll paid	(25,917)	(25,917)	(25,917)	(25,917)	(25,917)	(25,917)
Rent and insurance	(5,800)	(5,800)	(5,800)	(5,800)	(5,800)	(5,800)
Marketing and services gross	(4,235)	(4,235)	(4,235)	(4,235)	(4,235)	(4,235)
Processor fees	(571)	(582)	(594)	(606)	(618)	(630)
Professional and loan fees	–	–	–	–	–	–
Capital gross	–	–	–	–	–	–
Interest paid	(615)	(604)	(594)	(583)	(573)	(562)
Principal paid	(1,667)	(1,667)	(1,667)	(1,667)	(1,667)	(1,667)
VAT paid	–	–	–	–	–	–
Tax reserve transfer	–	–	–	–	–	–
Net cash change	(9,440)	(8,854)	(8,256)	(7,647)	(7,025)	(6,392)
Closing cash	**280,556**	**271,701**	**263,445**	**255,798**	**248,773**	**242,381**

46 / FINANCE

Financial position summary

Closing balances link cash, receivables, stock, finite assets, VAT, debt, tax reserve, paid equity and accumulated profit.

Assets and liabilities

Unrestricted and restricted cash are separate. Negative VAT is a credit asset; positive VAT is a liability. Product stock remains at net cost; gross purchase payables include VAT. Finite book depreciation reduces PPE and stops at cohort life. No goodwill or deferred-tax asset is invented.

Management limitation

A negative cash balance denotes unfunded obligations and is not presented as an approved overdraft. Actual bank, inventory expiry, impairment, accounting and tax evidence are required for statutory accounts. Balance-sheet equality checks internal mechanics, not business viability.

December Base EUR	2027	2028	2029
Unrestricted cash	242,381	136,757	92,499
Restricted tax cash	–	–	–
Gross client receivables	–	–	–
Consumables stock net	4,193	5,425	5,958
Net PPE	108,333	94,208	76,333
VAT credit	–	–	–
Total assets	**354,908**	**236,390**	**174,790**
Gross supplier payables	9,798	12,674	13,785
Loan debt	88,333	68,333	48,333
Unpaid tax provision	–	–	–
VAT payable	12,990	20,449	23,185
Total liabilities	**111,121**	**101,456**	**85,303**
Paid equity	500,000	500,000	500,000
Retained earnings	(256,214)	(365,066)	(410,513)
Liabilities and equity	**354,908**	**236,390**	**174,790**
Balance difference	–	–	–

47 / FINANCE

Break even and scenarios

The current-mix operating threshold divides paid fixed cost by average contribution per completed visit.

Threshold

Contribution deducts consumables and gross processor fees after the assumed refund. The threshold excludes depreciation, interest, tax and capital or principal payments. It is conditional on the current delivered mix and cannot imply that extra physician demand fits the same capacity. With no visits or nonpositive contribution, the threshold is unavailable rather than zero.

Cases

The workbook cases are live linked forecasts. Downside delays opening, weakens demand and prices, raises cost and refunds and slows receipts, while all roles remain paid. Upside still obeys clinician and room caps. Word case figures are dated snapshots and must be regenerated after workbook edits.

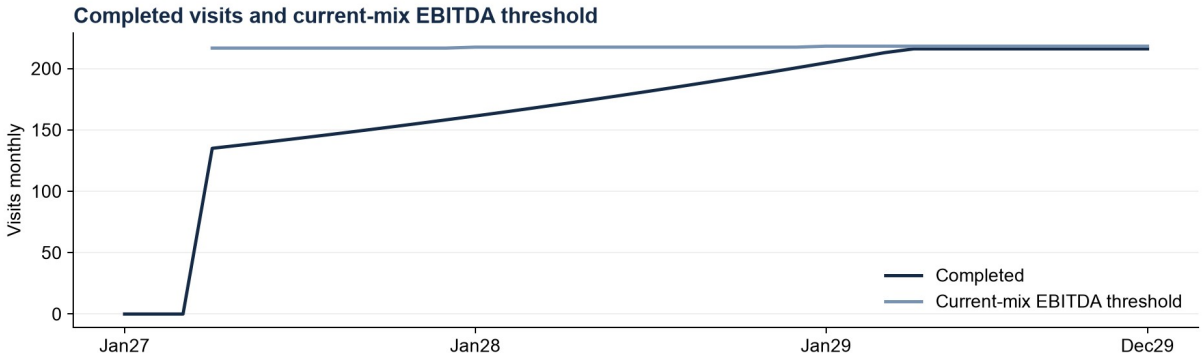
December 2029 Base

Completed visits are 216.0 monthly and the current-mix EBITDA threshold is 218 visits. Net physician capacity is 96.0 hours and aesthetician capacity 120.0. A threshold beyond these distinct provider limits cannot be met by simply filling unused room time.

Cash cases

Minimum spendable cash: Base EUR 69,314, Downside EUR (757,767), Upside EUR 314,220. These are live workbook results captured for this dated Word snapshot; refresh after edits.

Case	Minimum spendable cash EUR	Further funding EUR
Base	69,314	–
Downside	(757,767)	757,767
Upside	314,220	–



Source model v 1.0 Base case captured 4 October 2026 / Break even and scenarios

48 / FINANCE

Model guide and completion

Use Inputs, save the native workbook and run the retained ordinary JavaScript builder to preserve all case drivers and selector.

Workflow

Blue cells are editable scenario inputs; one selector controls Monthly and the linked Summary. Base, Downside and Upside are explicitly requested live comparison schedules. Missing or invalid active inputs expose an invalid status and unavailable forecasts; a blank inactive case does not block a valid selected case.

Review before use

Save edits, recalculate, inspect cash and balance checks and native charts, then refresh model-results.json and this dated Word snapshot. The retained builder imports existing saved numeric inputs and the case selector on every normal run. Check qualified clinical, premises, insurance, accounting and funding evidence before starting.

Item	Planning assumption
Horizon	Jan 2027 to Dec 2029 36 monthly periods
Cases	Base Downside Upside live
Version	1.0 hypothetical management forecast
Completion gate	Actual clinical and financial evidence remains pending