

AURELLE AESTHETICS

BRAND & GROWTH STRATEGY

Strategy Sprint

PREPARED FOR Aurelle Aesthetics

DATE June 2026

READ THIS FIRST

Summary

Own the position chains cannot hold: a named provider who builds cumulative knowledge of your face.

IN BRIEF

- The Dallas market is price-commoditized, but a large affluent segment has already 'graduated' from deal-chasing and actively seeks one trusted provider they will never leave.
- Provider continuity, the willingness to say no, and physician supervision are Aurelle's most defensible advantages because chains are structurally built on provider interchangeability.
- Retire 'luxury med spa' positioning entirely and replace it with 'relationship-based aesthetic medicine,' anchored by the tagline 'Your face. Known.'
- The Aurelle Circle membership at three tiers (\$199/\$299/\$399 per month) is the primary revenue and retention vehicle, introduced after the first treatment, never pitched cold.
- Content strategy leads acquisition: a 'how to evaluate any injector' series positions Aurelle as the trusted authority before patients have chosen any provider.

I don't even look at price anymore. When you find someone who gets your face, you don't risk it.

VERBATIM PATIENT VOICE, DALLAS MARKET RESEARCH

The Market Gap

Chains like Ideal Image, LaserAway, and SEV have trained Dallas patients to chase per-unit Botox deals and switch providers constantly. But market research reveals a powerful counter-signal: a growing segment of affluent patients has already learned that cheap injectables cost more in the end. These 'graduated' patients are actively searching for one trusted provider they will never leave, and no Dallas practice currently owns that position.

<p>\$199 / \$299 / \$399</p> <p>AURELLE CIRCLE MONTHLY MEMBERSHIP TIERS</p>	<p>\$425 vs. \$350</p> <p>BOTOX PER AREA: NON- MEMBER VS. MEMBER PRICE</p>	<p>6 to 8 months</p> <p>TYPICAL INSTAGRAM FOLLOW BEFORE FIRST BOOKING</p>
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Chains vs. Aurelle: Structural Differences

	CHAIN MODEL	AURELLE MODEL
Provider assignment	Interchangeable staff	Named provider, ongoing relationship
Consultation goal	Upsell-driven	Will talk patients out of treatments
Pricing mechanic	Per-unit (commodity frame)	Per-area (relationship frame)
Physician role	Nominal oversight	Operating supervision standard
Membership logic	Discount card	Relationship infrastructure

Strategic Positioning: Four Defensible Pillars

Why This Position Holds

- 01 Cumulative Face Knowledge**
 Named provider continuity means results compound over time. Chains cannot credibly claim this because their model requires provider interchangeability.
- 02 The 'No' Consultation**
 Willingness to talk patients out of treatments is the single highest-trust signal in the market and the primary trigger for word-of-mouth referrals.
- 03 Physician Supervision**
 Physician oversight is an operating standard at Aurelle, not a marketing claim. It differentiates simultaneously on safety and clinical credibility.
- 04 Membership as Relationship Infrastructure**
 The Aurelle Circle formalizes continuity into a business model. Credits, priority scheduling, and named provider pairing are bundled at each tier.

Your face. Known. The position no chain can buy, copy, or staff its way into.

Content-to-Conversion Sequence

How Trust Becomes Revenue

- 01 Content Builds Trust**

Publish a 'how to evaluate any injector' series on blog, Instagram, and TikTok. Provider talking-head Reels (60 to 90 seconds, unpolished) are the highest-trust social format.
- 02 Consultation Confirms Fit**

The consultation is the loyalty inflection point. Systematize the behaviors: listen more than pitch, remember prior visit details, explain what you would not do and why.
- 03 First Treatment Delivers**

Natural results with clinical explanation create the referral trigger. Before-and-after documentation with provider commentary compounds trust.
- 04 Membership Conversation Follows**

Introduce The Aurelle Circle at the end of the first or second visit, never cold. Present tiers price-down (Prestige first). A 90-day satisfaction guarantee absorbs the top objection.

PRIORITY ACTIONS BEFORE LAUNCH

- Validate membership tier economics and area-based treatment prices (\$425 non-member / \$350 member per area) against actual cost structure and margins before any design or copy work begins.
- Audit and rewrite all website copy: retire 'luxury medspa' language, build named provider pages with credentials, tenure, and personal philosophy statements.
- Publish the 'how to evaluate any injector' content series first. It is the highest-opportunity, lowest-competition asset in the Dallas aesthetics market.
- Resolve second-location brand architecture before building a multi-location website: if the differentiator is provider continuity, a second location introduces provider-assignment complexity that must be decided now.

PART TWO

The Full Strategy

Each section stands on its own. Read what you need, when you need it.

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06	Offer Architecture	The Aurelle Circle converts ad-hoc treatment spending into a named-provider relationship that compounds patient results and drives retention.
07	Pricing Strategy	Price injectables by area, anchor membership at \$299, and sell the provider relationship, not per-unit cost.
08	Naming & Tagline	"Your face. Known." compresses provider continuity into three words no chain can honestly claim.

THE FULL STRATEGY

01

Market Research Report

Patients choose and stay with premium injectors on relationship trust earned before the appointment, not price.

IN BRIEF

- Fear of looking overdone outranks every other patient concern, from cost to pain to risk
- Loyalty locks in at one specific inflection point: when a provider talks a patient out of something they asked for
- A large deal-fatigued segment has already learned the cheap-Botox lesson and needs recognition, not persuasion
- Content drives trust before booking: patients follow a provider for months, then arrive already decided
- Three content territories are unclaimed locally: injector evaluation guides, male clinical content, and post-Groupon patient messaging

I followed her on Instagram for six months before I finally booked. By the time I walked in I already trusted her.

R/BOTOX, 2023

Five Patient Language Patterns That Drive Decisions

Voice of Customer: What Patients Actually Mean

01

Still me, just better

The highest-frequency phrase cluster in the dataset is 'well-rested,' 'like myself but better,' 'refreshed.' Words like 'rejuvenated,' 'youthful,' and 'anti-aging' do not appear in positive patient reviews.

02

The injector as relationship

Loyal patients use possessive language: 'my injector,' 'my girl,' 'she knows my face.' Consultation time spent, and things a provider talks a patient out of, are cited as the primary trust builders.

03

Price-chasing regret arc

The path is nearly universal: chase deals, get a bad experience, graduate to a trusted boutique, never return to deal-seeking. This arc is complete for a large, receptive segment already in the market.

04

Content before contact

Patients research for months before booking, consuming before-and-afters, provider personality content, and educational videos. The booking decision is made before the first phone call.

05

Men arrive through referral, evaluate clinically

Male first-timers almost always arrive through a trusted female referral, then evaluate using clinical and professional framing. Spa language and aesthetic actively repels them.

Chain vs. Boutique: How Patients Describe the Gap

DIMENSION	CHAIN / HIGH-VOLUME	BOUTIQUE / INDEPENDENT
Provider consistency	Different injector every visit; no continuity	Same provider builds multi-year history with your face
Consultation feel	Sales pressure, package-pushing, quota-driven	Talked out of treatments; questions asked; time given
Trust signal	Volume and price promotion	Provider remembers details without being reminded
Patient language	'Factory,' 'conveyor belt,' 'stranger every three months'	'My injector,' 'she knows my face,' 'I refer everyone'
Pricing dynamic	Groupon, deals, lowest-unit-cost	'I don't even look at price anymore'
Loyalty outcome	Churn and regret	Active referral and advocacy

7M+
TikTok

DR. YOUN, OWNS
NATURAL-RESULTS
TRUST TERRITORY

300K+
IG

DR. DEVGAN, OWNS
RESULTS-
DOCUMENTATION
AUTHORITY

45K+
IG

PEACHY, OWNS
APPROACHABLE FIRST-
TIMER BOTOX LANE

Cheap Botox is not cheap. You either pay for a touch-up or pay to have it dissolved.

UNCLAIMED CONTENT WHITESPACE IN THE DALLAS MARKET

- 'How to evaluate any injector before you book': hundreds of active Reddit threads ask this; no local Dallas provider answers it; whoever does becomes the trusted authority
- Content for the deal-fatigued patient who has already learned the lesson: a large, receptive segment with no brand speaking directly to them
- Male-specific content using professional and clinical framing, on LinkedIn and Instagram, not inside a spa aesthetic
- Membership explained in patient terms: not a benefits list, but what your provider knowing your face for years actually does for your results

IMMEDIATELY ACTIONABLE COPY LINES (DIRECT LIFTS FROM PATIENT LANGUAGE)

- 'Still you, just rested.' Outperforms any clinical descriptor in patient resonance
- 'We talk you out of things.' The counterintuitive trust signal patients cite as the loyalty moment
- 'Your injector. Not our team. Yours.' Mirrors the possessive language loyal patients use organically
- 'The questions to ask before you let anyone near your face.' Positions Aurelle as trusted advisor before the appointment
- 'Eight months of Groupon deals taught me one thing.' Hooks the deal-fatigued segment with recognition, not persuasion

CRITICAL RESEARCH GAPS TO CLOSE

- No verbatim language from Aurelle's own patients: post-treatment review requests and intake-form analysis would sharpen every copy decision
- No data from patients who considered Aurelle but did not book: objection language from non-converters is the highest-value conversion gap
- Membership conversion language is inferred: five to ten structured conversations with existing members asking 'what made you join' and 'what almost stopped you' would unlock this
- Local competitor social data is thin: low public engagement across Dallas boutique accounts confirms the content landscape is largely unclaimed

THE FULL STRATEGY

02

Customer Avatar Pack

Three discrete buyer profiles each require a distinct activation strategy; merging any two produces messaging that speaks clearly to no one.

IN BRIEF

- Lauren (Avatar 1) is trust-driven and in active provider-search mode after repeated bad experiences at high-volume or chain practices.
- Megan (Avatar 2) is fear-dominant and pre-decision, converting only when a provider earns trust through education rather than promotion.
- David (Avatar 3) arrives via partner referral with one non-negotiable identity requirement: results must be completely undetectable in a clinical environment.
- Voice of customer language differs demonstrably across all three groups and should drive separate message architecture for each.
- Four priority research gaps remain, most urgently the thin male VoC and the absence of lost-prospect data for Avatar 2.

Three Buying Profiles

01

Lauren: The Graduated Loyalist

Woman, 35 to 52, household income \$200K+, fully past the moral negotiation around aesthetics and in active permanent-provider search. Her decision is trust-driven, not price-driven; every mediocre experience costs her time, money, and results.

02

Megan: The Cautious Newcomer

Woman, 30 to 40, dual-income professional household, fear-dominant and spending months in passive research before any action. She holds two competing identities in tension and converts only when a provider earns her trust through consistent education, not promotion.

03

David: The Male Entrant

Man, 35 to 55, household income \$250K+, motivated entirely by professional presence and dependent almost exclusively on a partner referral as the entry point. His remaining barrier after referral is environmental and identity-based: spa framing disqualifies a provider immediately.

Avatar 1: The Graduated Loyalist

Lauren has moved past any moral negotiation around aesthetics and into the optimization phase. She has been burned by the discount market at least once, values expertise over economy, and sees herself as discerning rather than vain. Her most urgent pain is that no injector knows her face or her history, so every visit starts from zero. The provider who delivers continuity, not just results, wins her permanent loyalty and her referrals.

WHAT TRIGGERS AVATAR 1 TO SEARCH

- Another bad experience at a chain or high-volume provider: different injector each visit, conveyor-belt energy
- A friend mentions her injector with unmistakable confidence and visibly natural results
- Relocating to Dallas and needing to rebuild the provider relationship she left behind
- Results wearing off faster than expected or looking uneven between visits

I don't even look at price anymore. When you find someone who gets your face, you don't risk it.

R/BOTOX, 2025

Avatar 2: The Cautious Newcomer

Megan has been watching peers start injectables for months while holding two competing identities in tension: the woman who takes care of herself versus the woman who has had work done. Fear of looking fake or overdone dominates all her research behavior, and she has no reliable framework for evaluating provider quality. She consumes injector content on Instagram and TikTok extensively before ever engaging publicly or booking. The provider who educates without selling wins the appointment.

Activation Strategy: Avatar 1 vs. Avatar 2

	LAUREN (AVATAR 1)	MEGAN (AVATAR 2)
Decision state	Active provider search	Pre-decision research
Primary barrier	Trust and consistency	Fear of visible results
Copy register	Relationship and loyalty language	Safety and guidance language
Conversion signal	Consultation experience as proof	Education that earns trust before any CTA
Objection that matters most	Provider leaves or results vary	Looks overdone or gets pushed into more

The consultation took longer than the actual treatment. That's when I knew she was the right person.

R/BOTOX, 2024

Avatar 3: The Male Entrant

David is motivated by professional presence and energy, not beauty. His entire identity requirement is that results are invisible: he needs to look vitally well-rested, not like someone who gets Botox. He arrives with borrowed trust from a partner referral, so the trust gap is partially bridged before his first visit. The remaining barrier is environmental: spa imagery and language disqualify a provider before he ever books.

\$200K+AVATAR 1 TARGET
HOUSEHOLD INCOME**\$250K+**AVATAR 3 TARGET
HOUSEHOLD INCOME**35 to
55**MALE AVATAR
TARGET AGE RANGE**AVATAR 3: FOUR KEY BARRIERS FOR COPY AND DESIGN**

- Fear of detectable results is even higher than the equivalent fear in women; male-calibrated dosing philosophy must be stated explicitly
- Spa environments feel identity-misaligned; clinical photography, language, and framing are required throughout
- No self-directed research path exists; the partner referral is the dominant and near-only entry point
- Male VoC is thin at four verbatim phrases; structured interviews with two to three current male patients are needed before finalizing any copy for this segment

PRIORITY RESEARCH GAPS BEFORE COPYWRITING

- No verbatim language from Aurelle's own patients; post-treatment review capture and existing review analysis is the first priority action
- No data from prospects who booked a consultation but did not convert; two to three conversations would sharpen the Avatar 2 objection map most
- Male avatar VoC is directional only; two structured patient conversations asking 'what almost stopped you the first time?' will close the gap
- Membership conversion language is inferred from general sources; five to ten member interviews on 'what made you join' will produce the most critical copy for the membership pitch

THE FULL STRATEGY

03

Strategic Brief

Aurelle's growth depends on replacing undifferentiated luxury messaging with a provider-relationship model that chains structurally cannot replicate.

IN BRIEF

- Revenue runs on fee-for-service and a membership program; physician supervision is the positioning anchor above nurse-injector competitors
- The Dallas market trains patients to shop on price; Aurelle's exit from that race is the named provider who accumulates years of face knowledge
- The primary website goal is new patient consultation bookings; membership enrollment and male patient acquisition are secondary priorities
- Four specific differentiators are identified that direct competitors cannot claim; generic luxury positioning fails the test and should be retired
- Six critical gaps must be resolved before website work begins, including pricing, provider bios, membership mechanics, and a live site audit

Revenue runs on two tracks: fee-for-service across injectables, laser, skin, body contouring, and IV therapy, and a membership program offering monthly treatment credits and member pricing. The membership model converts one-off patients into recurring revenue relationships. Physician supervision is the operating standard, placing Aurelle above nurse-injector-only practices on clinical credibility. Pricing, deal sizes, and revenue split between tracks are not documented in the intake materials; see Gap Log.

Competitive Position

Aurette operates in a Dallas market trained to compete on price. National chains (Ideal Image, LaserAway, SEV) set the floor; independent boutiques mostly mirror the same luxury experience language without meaningful differentiation. The result: patients are trained to shop on Botox unit price, switch providers for deals, and never build the loyalty relationship that benefits them or the practice. Aurette's defensible position breaks out of price comparison entirely through the provider-relationship model.

—

When you find someone who gets your face, you don't risk it.

Aurette vs. Chain Model

	AURELLE	CHAIN MODEL
Provider model	Named provider builds cumulative face knowledge	Interchangeable technicians by design
Clinical oversight	Physician supervision as operating standard	Injector-only or nominal oversight
Consultation approach	Talks patients out of unnecessary treatments	Upsell-oriented model
Loyalty mechanism	Membership anchors cadence and relationship	Deal and discount-based retention

Key Differentiators

Four Differentiators Competitors Cannot Claim

- 01 Physician supervision as an operating standard**
 Not a credential footnote. Competitors can only claim this if they actually have it, and most do not.
- 02 Named provider continuity as a practice design principle**
 Loyal patients use possessive language: 'my injector, she knows my face.' Chains cannot replicate this because their model requires provider interchangeability.
- 03 The consultation that talks patients out of things**
 The single most-cited trust signal in the research dataset. Patients trust providers more after being advised against something they asked for.
- 04 Concierge operations with proof**
 Personalized scheduling, treatment history continuity, and unhurried appointments. This differentiator holds only when backed by operational reality and specific patient language.

WEBSITE GOALS

- Primary (confirm before design begins): drive new patient consultation bookings
- Secondary: low-friction membership enrollment for patients already in a treatment cadence
- Secondary: educational content layer for Cautious Newcomers in months-long research mode
- Secondary: clinical framing to convert male referrals (Referred Professionals) into booked appointments

STRATEGIC CONSTRAINTS

- Regulatory: Texas Medical Board rules prohibit specific outcome claims; educational framing is both compliant and more persuasive than outcome-based copy
- Messaging is the binding constraint: undifferentiated positioning means all media spend underperforms until language is tightened to the four differentiators above
- No published pricing creates conversion friction; the consultation CTA must move skeptical prospects without price as a qualifier

SUCCESS METRICS

- New patient consultation bookings per month (primary website conversion)
- Consultation-to-active-patient conversion rate (quality of site-attracted prospects)
- Membership enrollment rate within 90 days of first visit (loyalty funnel performance)
- Average patient value at 6 and 12 months (retention and treatment expansion)

Aurette is described as premium throughout the intake, but the central growth challenge is that Aurelle is indistinguishable in positioning from competitors. Both cannot be true simultaneously, and resolving this is a positioning decision, not a marketing execution problem. The 12-month goals include a second location within 18 months, but the core differentiator (a named provider who knows your face over years) is inherently personal and does not scale automatically. A brand architecture decision is needed before the website is built.

CRITICAL GAPS TO RESOLVE BEFORE WEBSITE WORK BEGINS

- Provider bios and credentials: the differentiator is a promise without proof until providers are named, credentialed, and profiled
- Pricing and membership mechanics: the membership page and value proposition cannot be designed without them
- Current website copy has not been audited: all positioning in this brief is inferred from intake, not from reviewing the live site
- Primary website goal needs explicit owner confirmation; ambiguity between consultation booking and membership enrollment cascades into every downstream design decision

THE FULL STRATEGY

04

Positioning Document

Aurelle's defensible position is the only Dallas practice where one provider builds cumulative face knowledge over years, a dimension chains structurally cannot match.

IN BRIEF

- Aurelle operates in a deliberate sub-category: relationship-based aesthetic medicine, not luxury med spa.
- The competitive whitespace is the top-right quadrant: high clinical rigor combined with deep provider continuity. No Dallas competitor currently owns it.
- Four pillars form the moat: cumulative face knowledge, the 'No' consultation, physician-supervised clinical standards, and membership as relationship infrastructure.
- Recommended positioning statement (Variant A) leads with provider continuity and exits the per-unit price conversation entirely.
- Two conditional risks require resolution before launch: provider continuity must be systematized, and the membership program must include continuity features, not just discounts.

Why 'Luxury Med Spa' Is a Dead Category

The existing luxury med spa label has collapsed into meaninglessness in Dallas. Every independent practice claims it, and no patient can distinguish providers on that basis. Aurelle's chosen sub-category, relationship-based aesthetic medicine, reframes what the patient is purchasing: not units of Botox, but a retained provider who accumulates years of knowledge about her specific face. This shifts the competitive axis from 'which spa feels nicest' to 'which provider knows my face best.'

The patient is not purchasing units of Botox. She is retaining a provider who knows her face.

Competitive Landscape

Where Aurelle Sits vs. the Market

	CHAINS (IDEAL IMAGE, LASERAWAY, SEV)	AURELLE TARGET POSITION
Clinical rigor	Low to moderate	Physician-supervised, high
Provider model	Interchangeable, rotating staff	Named provider, visit-over-visit continuity
Pricing axis	Per-unit, deal-driven	Relationship and membership value
Relational depth	Transactional	Cumulative knowledge built over years
Can be copied?	Already competing here	Requires full operational restructuring

Westlake Dermatology occupies a distinct position: high clinical credibility but still transactional in patient experience. Independent boutiques scatter across the middle with no consistent articulation. The top-right quadrant (high rigor, deeply relational) is unclaimed. Chains cannot reach it structurally, and boutiques have not articulated it.

Four Differentiation Pillars

Aurelle's Structural Moat

- 01 Cumulative Face Knowledge**
 Your provider builds a detailed, documented understanding of your facial anatomy and treatment history across every visit. Chains cannot replicate this: their economics require provider interchangeability.
- 02 The 'No' Consultation**
 The highest-trust clinical act is declining a request that would produce a suboptimal result. This requires a compensation model that does not punish providers for lower same-day revenue.
- 03 Physician-Supervised Clinical Standard**
 Every treatment plan is developed under physician oversight as an operating protocol, not a credential line on a website. Most boutiques avoid the cost; chains have nominal oversight at best.
- 04 Membership as Relationship Infrastructure**
 The membership program locks in provider continuity, treatment cadence, and cumulative care. Without the first three pillars, it is just a prepayment plan. The combination is the moat.

I don't even look at price anymore. When you find someone who gets your face, you don't risk it.

GRADUATED LOYALIST SEGMENT, MARKET RESEARCH

WHAT AURELLE EXPLICITLY REFUSES

- Competing on per-unit Botox price (trains patients to treat their face as a commodity)
- Provider interchangeability (operationally convenient, clinically negligent)
- The upsell consultation (when the goal is same-day revenue, patient trust is the cost)
- Using the word 'luxury' (emptied of meaning in this market)

Recommended Positioning Statement (Variant A)

For appearance-conscious Dallas patients who are done chasing deals and starting over with a new face every visit, Aurelle Aesthetics is the relationship-based aesthetic medicine practice where one provider builds years of knowledge about your face, because physician-supervised continuity produces results that compound over time and that no one can pinpoint. Variant C ('the consultation that talks you out of things') is the strongest hook for advertising but is narrower as a source-of-truth statement. Variant B serves the deal-fatigued segment as a secondary frame.

POSITIONING TEST RESULTS

- Could a competitor claim this? PASS: chains cannot credibly claim provider continuity; boutiques have not operationalized it.
- Will the audience pay for this difference? PASS: the Graduated Loyalist has already resolved the price tradeoff.
- Does it support premium pricing? PASS: the position exits the per-unit conversation by redefining what is being purchased.
- Is it internally true? CONDITIONAL: provider continuity and the 'No' consultation must be codified in protocols and scheduling before positioning goes live.

DOWNSTREAM PRIORITIES BEFORE LAUNCH

- Hero copy must dramatize the shift from 'starting over every visit' to 'one provider who knows your face.' The phrase 'we talk you out of things' is the highest-value trust hook.
- Provider pages are the primary proof layer: named providers with tenure, credentials, and clinical philosophy must be live.
- Pricing presentation must move away from per-unit rate display and toward treatment-plan or membership framing.
- Membership terms must include provider-pairing and treatment history continuity as named benefits, not just discounts, before the membership page is built.

THE FULL STRATEGY

05

Messaging Framework

Aurelle's language system wins by owning one defensible claim: provider continuity compounds results in ways chains cannot replicate.

IN BRIEF

- Primary avatar Lauren (Graduated Loyalist) drives all messaging; her core pain is starting over with a new injector every visit
- Core promise: results improve over time because one named provider accumulates years of knowledge about the patient's face
- Four differentiators are operationally defensible, not just claims: cumulative face knowledge, the 'No' consultation, physician supervision, and membership as relationship infrastructure
- Recommended primary tagline is 'Your face. Known.' and recommended hero message is Variant 1, both anchored to the continuity differentiator
- Every channel positions Aurelle as the guide and the customer as the hero; price, luxury language, and generic team framing are banned

Your results get better over time because your provider knows your face, not just your chart.

Aurette's positioning is built against the structural weakness of chain med spas: rotating providers who treat every visit as a fresh transaction. Brand voice attributes (clinical confidence, warm candor, quiet authority, patient-first directness) signal a medical practice, not a spa. Pricing competes on relationship value, not per-unit cost.

Four Defensible Differentiators

- 01 Cumulative Face Knowledge**
Requires low provider turnover and structured documentation. Chains are operationally built on interchangeability and cannot replicate this.
- 02 The 'No' Consultation**
Requires a compensation model that does not penalize providers for lower same-day revenue. Most practices incentivize the opposite, which is why chain reviews cite upselling pressure.
- 03 Physician-Supervised Clinical Standard**
Requires employing or contracting physicians at a cost most boutiques avoid. Chains (Ideal Image, LaserAway, SEV) have nominal oversight at best.
- 04 Membership as Relationship Infrastructure**
Only works when the first three pillars are in place. Without continuity, membership is just a prepayment plan, which is all competitors offer.

Hero Message Variants

Hero Message Selection Guide

VARIANT	HOOK TYPE	BEST CHANNEL
Your provider knows your face. Not just today. Over years.	Benefit (recommended primary)	All channels, all three avatars
Done starting over with a new face every visit?	Question	Paid acquisition, deal-fatigued cold audiences
Results nobody can pinpoint. A provider who never forgets.	Curiosity	Brand-building, aspirational contexts

Objection Handling

Every objection in this framework is answered by redirecting from the claim to the experience. Aurelle does not ask patients to trust a promise; it asks them to evaluate one consultation. The objection-handling language is designed for homepage placement below the hero, pricing pages, the email welcome sequence, and retargeting ads.

KEY OBJECTION REFRAMES

- Price: 'Cheap Botox is not cheap. What did your last three visits actually cost in touch-ups and corrections?'
- Skepticism: 'We do not ask for trust. Book a consultation. If it does not feel different in ten minutes, you will know.'
- Injector turnover: 'Your history, preferences, and facial mapping are documented. Your records travel with you inside the practice.'
- Not ready: 'Start with the guide on what to look for in any injector. When you are ready, you will already know where to go.'

Tagline and Channel Direction

TAGLINE RECOMMENDATIONS

- Primary: 'Your face. Known.' Three words, no competitor owns it, works across all channels
- Patient-language hook: 'Still you. Just rested.' Use in hero or sub-message copy only; too category-common to anchor the brand as a standalone tagline
- Affluent-audience option: 'Results that compound.' Strong framing but requires a supporting sub-line for context

PER-CHANNEL PRIORITIES

- Web homepage: Variant 1 hero paired with Sub-message Variant 3 (pain relief, progressive outcome); footer: 'Your face. Known.'
- Paid social (Facebook/Instagram): question hook for cold audiences; deal-fatigue story hooks for acquisition; before/after with clinical explanation for warm retargeting
- LinkedIn: clinical, professional register; male-facing 'Look sharp. Not done.' leads; provider credentials anchor credibility; no spa imagery
- Email: coaching tone, named-provider sign-off, subject line archetypes rotate through curiosity, benefit, question, and story

BANNED LANGUAGE AND RED FLAGS

- Banned words: luxury medspa, rejuvenation, transformation, anti-aging, glow up, pamper yourself, turn back the clock, state-of-the-art
- Banned phrases: 'our team of experts,' 'customized treatments for every patient,' 'your journey to confidence,' 'we combine science and artistry'
- Competitor-owned territory: per-unit pricing callouts (chain frame), 'museum-quality results' (Dr. Devgan), 'holistic beauty' (Dr. Youn)
- AI tells to strip: 'it is worth noting,' 'when it comes to,' 'tailored to your unique needs,' 'rest assured,' 'we understand that'

THE FULL STRATEGY

06

Offer Architecture

The Aurelle Circle converts ad-hoc treatment spending into a named-provider relationship that compounds patient results and drives retention.

IN BRIEF

- Membership name is The Aurelle Circle, positioned as relationship infrastructure, not a discount card
- Three tiers (\$199 to \$349/month) bundle treatment credits, named-provider pairing, priority scheduling, and an annual skin assessment
- Stack delivers \$550 to \$750/month in combined value against a \$199 to \$349 price point
- A 90-day, two-appointment satisfaction guarantee directly addresses deal-fatigued patient skepticism
- No artificial urgency: provider capacity is the only honest scarcity lever, and must be verified before use

The Aurelle Circle: Name, Positioning, and Stack

The Aurelle Circle is a monthly membership pairing each patient with one named provider, supported by treatment credits, priority scheduling, a cumulative annual treatment plan, and a physician-supervised skin assessment. The name signals belonging and continuity without clinical coldness or generic luxury. It was chosen over rejected alternatives like Aurelle Insiders (signals a deal club) and Aurelle Continuity (sounds like an insurance product).

**\$199 to
\$349/mo**

RECOMMENDED MEMBERSHIP
PRICE RANGE

**\$550 to
\$750/mo**

COMBINED STACK VALUE
(CONSERVATIVE)

**2X
to
3X**

TANGIBLE
VALUE-TO-
PRICE RATIO

Tier Structure

	MONTHLY PRICE	MONTHLY CREDIT
Essential	\$199/month	\$175 (maintenance patients, Botox every 3 to 4 months)
Signature	\$299/month	\$275 (active injectables plus laser or skin)
Prestige	\$349/month	\$325 (multi-category, high-volume patients)

Your Aurelle Circle membership is not a discount card. It is the system that keeps your provider relationship consistent.

Risk Reversal and Guarantee

The 90-day satisfaction guarantee requires at least two completed appointments and offers a full refund of membership fees if the patient does not feel a meaningful difference in care consistency compared to their previous provider experience. This structure directly absorbs the core objection of deal-fatigued patients: that every membership looks the same until it takes their money. The guarantee works only if the consultation and provider-pairing experience is genuinely differentiated. Fix the consultation process before activating this language.

Conversion Sequence: Never Pitch Membership Cold

01

Content Builds Trust

Ads and organic content establish provider credibility and the continuity narrative. Traffic is driven to consultation, not to the membership enrollment page.

02

Consultation Confirms Fit

The first visit demonstrates named-provider knowledge and cumulative planning. Membership is introduced here, after the experience has proven the value proposition.

03

Membership Formalizes the Relationship

Enrollment follows a confirmed positive consultation. The Circle formalizes what the patient already wants: ongoing access to this provider, with structure that protects the results.

Urgency, Scarcity, and What to Avoid

HONEST VS. MANUFACTURED PRESSURE

- USE if true: each named injector can maintain a finite patient roster at quality; if providers are near capacity, this is real and defensible scarcity
- AVOID: countdown timers, artificial spot limits, seasonal sale pricing on the membership (all contradict premium positioning)
- DEFER: do not add any scarcity language until per-provider capacity data is confirmed
- The membership sells on relationship value, not deadline anxiety

Campaign and Objection Architecture

OBJECTION REFRAMES FOR SALES AND COPY

- 'Just another membership': reframe as relationship infrastructure, not a discount card
- 'Price is higher': reframe as what your last three ad-hoc visits actually cost, with no continuity
- 'What if I do not connect?': reframe as the consultation being an evaluation, not a commitment
- 'Is this just a prepayment plan?': the non-credit benefits (provider pairing, treatment roadmap, priority scheduling) must be articulated clearly or patients will do the break-even math and opt out

THE FULL STRATEGY

07

Pricing Strategy

Price injectables by area, anchor membership at \$299, and sell the provider relationship, not per-unit cost.

IN BRIEF

- Hybrid model: fee-for-service treatments are the entry layer, The Aurelle Circle membership is the retention and revenue engine.
- Three tiers at \$199/\$299/\$399 use decoy architecture to center-anchor Signature as the primary conversion target.
- Area-based injectable pricing eliminates per-unit comparison with chains and repositions the conversation around clinical judgment.
- Signature at \$299 generates \$49/month net before treatment revenue; 80 members yields \$23,920/month in recurring revenue.
- A 90-day satisfaction guarantee converts the decision from trusting a claim to evaluating a relationship.

**\$9 to
\$22 /
unit**

BOTOX MARKET RANGE,
CHAINS TO PHYSICIAN
PREMIUM

**\$99 to
\$450 /
month**

DALLAS MEMBERSHIP
PRICING MARKET RANGE

**\$299 /
month**

BEHAVIORAL SWEET
SPOT FOR PREMIUM
MEMBERSHIP

Competitive Membership Landscape

COMPETITOR	MEMBERSHIP / MONTH	PRICING MODEL
Ideal Image	\$99 to \$149	Per-unit Botox prominently displayed
Peachy (national)	~\$200	Botox-specialist, approachable-luxury
LaserAway	\$200 to \$500	Laser packages; injectables sold separately
Dallas boutiques	None (mostly)	Per-unit Botox, \$12 to \$18 / unit
Aurette Circle	\$199 to \$399	Clinical relationship, physician-supervised

Membership Tier Architecture

The Aurelle Circle is a hybrid offer: fee-for-service treatments are the entry layer, the membership is the retention and relationship layer. Area-based injectable pricing removes the per-unit math that pulls patients into commodity comparison with chains. The membership conversation follows a successful first or second visit and is never cold-pitched. Credit math should be walked through concretely: at a typical maintenance cadence, Signature covers most of a Botox visit while adding physician oversight and named provider continuity.

Three-Tier Membership Structure

- 01 Essential, \$199 / month**
 \$175 in monthly credits, named provider pairing, 48-hour priority scheduling, cumulative treatment record, and 10% member pricing. Entry-conversion tier for Cautious Newcomers and Referred Professionals; functions as the intentional low-decoy in the anchoring architecture.
- 02 Signature, \$299 / month (Recommended)**
 \$250 in monthly credits, annual physician-supervised skin assessment and cumulative treatment plan, named provider, priority scheduling, and 15% member pricing. The practice revenue engine and center-anchored primary conversion target, mapped directly to the Graduated Loyalist avatar.
- 03 Prestige, \$399 / month**
 \$325 in monthly credits, quarterly treatment plan updates, direct provider text access, a mid-year physician check-in, one complimentary quarterly add-on, and 20% member pricing. At \$399, the comparison frame shifts from medspa to concierge medicine: no Dallas competitor is at this price point.

\$23,920
/
month

RECURRING REVENUE AT
80 SIGNATURE MEMBERS

\$49 /
month
net

SIGNATURE MARGIN
BEFORE TREATMENT
REVENUE

\$17,910
max

90-DAY GUARANTEE
EXPOSURE, 30-MEMBER
LAUNCH

ANCHORING AND PRESENTATION RULES

- Present price-down: Prestige first, Signature second, Essential third. The reader's reference point is set at \$399 before she evaluates each option.
- Signature carries the highest visual weight: largest card, 'Most Popular' label, most detailed benefit list.
- Never use strikethrough pricing. Enrollment incentives should appear as a credit bonus (first month includes an extra \$50 in credits), not a price reduction.
- Charm pricing throughout: \$199/\$299/\$399. No cents, no 'USD' prefix, dollar sign maintained on all materials.

Fee-for-Service Pricing Layer

**When you find someone who gets your face,
you don't risk it.**

Published Treatment Pricing: Non-Member vs. Signature Member

TREATMENT	NON-MEMBER	SIGNATURE MEMBER
Botox / Dysport, 1 area	\$425	\$350
Botox / Dysport, 3-area treatment	\$1,050	\$875
Lip filler, 1 syringe	\$875	\$750
Cheek / midface filler, 1 syringe	\$1,100	\$950
IPL photofacial	\$450	\$375
Microneedling + PRP	\$700	\$575
Medical facial	\$225	\$175

Retention Architecture and Guarantee

Billing is monthly recurring, with annual prepay available for Signature (\$2,690, approximately 16% savings) and Prestige (\$3,590) tiers only; Essential stays monthly to nudge savings-seekers toward an upgrade. Membership requires a 3-month initial commitment, then converts to month-to-month, with a one-month pause allowed per rolling 12-month period (credits do not accumulate during pause). Once a member has a named provider, a treatment history on file, and a cumulative plan in place, switching cost is primarily emotional and clinical. Annual price increases of 5 to 8% at renewal are absorbed far more readily by members than by ad hoc patients when framed as a reflection of provider tenure and relationship depth.

90-DAY SATISFACTION GUARANTEE

- Full membership fee refund if the experience does not feel meaningfully different after three months and at least two completed appointments.
- Treatment costs are billed separately and excluded from the refund.
- Maximum exposure at a 30-member Essential-tier launch: \$17,910. Track refund requests separately from standard cancellations.
- If refund requests exceed 5%, the diagnosis is operational (provider pairing, scheduling, consultation depth), not pricing.

TOP SALES DEFENSE TALKING POINTS

- Named provider pairing is a structural commitment no chain can replicate: their scheduling model requires interchangeability.
- Area-based pricing reflects clinical judgment. Comparing Aurelle on per-unit cost is like comparing a custom suit to an off-the-rack size.
- The Signature membership covers most of a Botox session in credits; the remaining \$49/month buys physician oversight, a cumulative treatment plan, and priority scheduling.
- The 90-day guarantee converts the purchase from 'trust a claim' to 'evaluate an experience.'

THE FULL STRATEGY

08

Naming & Tagline

"Your face. Known." compresses provider continuity into three words no chain can honestly claim.

IN BRIEF

- Primary recommendation is "Your face. Known.": three words naming the core differentiator, cumulative face knowledge through provider continuity.
- Two strong alternates: "Your face, remembered." for emotional warmth; "Results that compound." for outcome and sophistication framing.
- All eight candidates were generated from positioning pillars; generic outcome and spa-luxury language was excluded by design.
- Hard constraints: maximum six words, must work in logo lockup, footer, email signature, and spoken aloud, with no explanation required.
- A six-test live checklist validates the final choice before commitment; if two or more tests fail, move to the alternate.

Naming Constraints

NON-NEGOTIABLE RULES

- Max 6 words. Single clause. No conjunctions. Must not require explanation.
- Must be unclaimable by chains, whose model requires provider rotation.
- Anti-list: "Where beauty meets science," "Your best self awaits," "The art of aesthetics," "Redefining beauty," "Experience the difference."
- Sound profile: short vowels and soft consonants for warmth. No harsh stops that signal clinical coldness.

Candidate Evaluation

Eight candidates were evaluated across pronounceability, visual rhythm, verbal rhythm, mnemonic strength, and repeatability. Every candidate was generated from four positioning pillars: cumulative face knowledge, the "no" consultation, physician supervision, and membership as relationship infrastructure. The field narrows to three serious finalists for logo-lockup use.

Top Three Tagline Finalists

	YOUR FACE. KNOWN.	YOUR FACE, REMEMBERED.	RESULTS THAT COMPOUND.
Differentiator named	Yes, directly	Yes, emotionally	Partial (outcome only)
Primary audience fit	All three personas	Cautious Newcomer (Megan)	Affluent, finance-literate
Logo lockup fit	Strong (3 words)	Strong (5 words)	Strong (4 words)
Recommended role	Primary tagline	Alternate if warmth wins testing	Alternate if outcome wins testing

Patients already describe their loyalty this way: she knows my face.

Primary Recommendation

"Your face. Known." compresses the entire positioning into three words. It names the differentiator (cumulative face knowledge), signals intimacy and continuity, and is impossible for a chain to claim credibly. The period after "face" is a deliberate rhythm device that forces a pause and adds authority. It works in a logo lockup, a footer, an email signature, and spoken aloud without requiring explanation.

Defending the Choice

- 01 Names the differentiator**
 It names exactly what Aurelle does differently: the same provider sees you every time, building cumulative knowledge of your face.
- 02 Competitor-proof**
 No chain can say this honestly. Their model requires provider rotation; Aurelle's does not.
- 03 Reflects patient language**
 Patients already describe their loyalty this way: "she knows my face." The tagline reflects their own words back to them.
- 04 Brevity is the strategy**
 Three words. Fits everywhere. A tagline that requires elaboration is not a tagline.

Candidates to Repurpose, Not Drop

REDIRECT, DO NOT DISCARD

- "One provider. Every visit. Better every time." - repurpose as a sub-headline or onboarding copy.
- "Still you. Just rested." - strong patient-language hook; keep in hero copy and paid ads.
- "Every visit builds on the last." - use as a content headline or treatment-page intro.
- "We know your face." - brand-centered framing; "Your face. Known." achieves the same meaning in patient-first voice.

LIVE VALIDATION CHECKLIST (RUN BEFORE COMMITTING)

- Phone test: say "Aurelle Aesthetics. Your face. Known." aloud. Does the listener catch it without asking you to repeat?
- Whiteboard test: write it beside the logo. Does it read as branding or as a typo?
- Email test: "Aurelle Aesthetics | Your face. Known." in a signature. Does it look intentional?
- Five-day recall: tell three people today, ask in five days. Two or more failures means move to "Your face, remembered."