



Medical Minute

Company Name: _____ Contact Person: _____

Address: _____

Phone: () _____ Fax : () _____

Email: _____

Physician Name: _____

Physician Specialty: _____

Address: _____

Website: _____ Phone: () _____

Logo in a digital file format (.eps or .png min of 300 dpi) provided by: _____

Creative Brief

Topic of Medical Minute: _____

5 Most important points to make in the medical minute:

1. _____

2. _____

3. _____

4. _____

5. _____

Any photos or other images to be used other than video? Please explain: _____

Location of Shoot: _____

Script provided by: _____

Script approved (sign & date): _____

See Medical Minute Creation Form



Medical Minute Creation Form

Topic of Interest: _____

Problem: _____

Solution: _____

Target Audience: _____

Call to Action: _____

Transcript (less than 50 sec): _____

Release of Liability from all participants: _____

Video – key notes for production team: _____

Talent preparation: _____