

DEPARTMENT HANDOUT: DIRECTOR & EXECUTIVE OVERVIEW

THE PATIENT IN BED 6

3 Female (F + F + F) | Genre: Psychological Thriller | Runtime: 6 - 9 Mins

OFFICIAL STORY LOGLINE:

A hospital doctor senses that a supposed accident case is hiding a darker truth when two women give conflicting accounts of the patient in Bed 6. As the evidence points to restraint, confinement, and a desperate escape, the waiting bay becomes a battlefield where silence finally breaks.

DIRECTOR'S DRAMATIC VISION & TONAL CONCEPT:

- Visual tone: sterile, claustrophobic, interrogative; the waiting bay should feel like a pressure chamber under fluorescent light.
- Thematic depth: truth versus family control, institutional neutrality versus moral responsibility, and the body as evidence of hidden violence.
- Pacing: slow-burn escalation with sharp verbal turns; each new detail should tighten the emotional noose.
- Performance style: restrained, realistic, and tense—micro-reactions matter more than big outbursts until the confession breaks.
- Spatial storytelling: keep the unseen patient present through sound, curtain movement, and object clues rather than direct visibility.

CAST AT A GLANCE & CHARACTER ARCS:

- **character:** Dr. Nandita | **age:** 41 | **look:** Scrubs, tired eyes, controlled posture, clinical composure with a hardening gaze. | **dramatic_arc:** Begins as a detached medical professional, becomes an active truth-seeker, and ends as the moral authority who chooses reporting over passivity.
- **character:** Mala | **age:** 56 | **look:** Sari, clutching medical papers, guarded body language, authoritative but increasingly brittle. | **dramatic_arc:** Starts as the family gatekeeper trying to control the narrative, then cracks under pressure as her justification of 'protection' is exposed as control.
- **character:** Riya | **age:** 27 | **look:** Hoodie and jeans, phone always in hand, tense shoulders, defensive and restless. | **dramatic_arc:** Begins evasive and conflicted, then collapses into confession when guilt and fear overwhelm her silence.

FESTIVAL & AUDIENCE TARGET: Ideal for Short Film Festivals, Indie Showcases, and YouTube Creator Channels. Focus on tight performances, sound design, and authentic Hinglish dialogue delivery.

DEPARTMENT HANDOUT: ART, WARDROBE & PROP MASTER

1. SET DESIGN & SPATIAL DEPTH PLAN: A compact hospital waiting bay adjacent to a curtained bed, designed to feel like an interrogation zone. Use sterile fluorescent ceiling fixtures, a wall-mounted medical chart pinned in plain view, a chair cluster, clipboard, blood pressure cuff, water bottle, and a phone as the only visible practical objects. The curtain should be slightly translucent and able to move subtly from air or off-screen activity. The bed area must remain partially hidden so the patient is never clearly seen. Textures should be institutional: wiped vinyl chairs, matte painted walls, metal bed rails glimpsed through the curtain, and paper surfaces that feel overhandled. Spatial layering should emphasize distance between the three women even in a small room, with the chart acting as a visual anchor and the curtain as a barrier between truth and denial.
2. COSTUME & WARDROBE CONTINUITY: • character: Dr. Nandita costume: Hospital scrubs in muted clinical tones, practical and unadorned. continuity_notes: Keep the look consistent and functional; no jewelry or distracting accessories. Slight fatigue should be visible through posture and under-eye texture rather than costume changes. • character: Mala costume: Sari with a composed, family-elder presence; medical papers always clutched tightly. continuity_notes: The sari should remain neat but increasingly tense in how it is worn and held. Papers must stay visibly crumpled from repeated handling. • character: Riya costume: Hoodie and jeans, casual but emotionally armored. continuity_notes: Phone remains in hand or within immediate reach. Wardrobe should support a restless, defensive energy without becoming stylized.
3. HERO PROPS MASTER CHECKLIST (PRACTICAL ON-SET ASSETS): • prop: Medical chart details: Wall-pinned chart with admission note, bruising references, dehydration notes, and the line that Nandita later crosses out. • prop: Medical papers details: Held tightly by Mala; should look official, slightly crumpled, and repeatedly handled. • prop: Blood pressure cuff details: Portable cuff used by Nandita as a clinical gesture that also heightens scrutiny. • prop: Water bottle details: Single bottle that becomes a contradiction point when ownership is disputed. • prop: Phone details: Riya's phone with an unsent draft visible on screen: "Aaj raat nikal rahi hoon. Agar message na aaye toh..." • prop: Clipboard details: Used by Nandita to hold and then close the case with final authority.
4. PRACTICAL SFX & MAKEUP (MUA): Keep makeup naturalistic and stress-based. Dr. Nandita should have subtle fatigue, slight under-eye darkness, and a controlled sheen under fluorescent light. Mala should read as tense and worn, with minimal makeup that can catch harsh light. Riya should appear restless and emotionally strained, with slight under-eye shadowing and a face that can quickly shift from defensive to tearful. For the unseen patient, only indirect SFX are needed: monitor glow reflected on the curtain, implied distress through sound, and no direct body reveal. Add light sweat and skin shine to all three women as the scene escalates, especially under sterile lighting.

ACTOR MASTERCLASS & HINGLISH AUDITION SIDES

STORYDILSE PRODUCTION BIBLE

DEPARTMENT HANDOUT: ACTORS & CASTING DIRECTOR

STANISLAVSKI SUBTEXT & CHARACTER DRIVERS:

- **character:** Dr. Nandita | **super_objective:** To uncover the truth and protect the patient through action. | **subtext:** I know something is wrong, and I will not let your version of events hide it.
- **character:** Mala | **super_objective:** To preserve family control and justify the confinement as protection. | **subtext:** If I keep the story contained, I can keep the shame contained too.
- **character:** Riya | **super_objective:** To avoid immediate conflict while carrying guilt over her silence. | **subtext:** I am scared of what happens if I tell the truth, but I am more scared of what my silence has already caused.

CANONICAL HINGLISH AUDITION SIDES (CLIMACTIC SCENE):

DR. NANDITA*((clipped))*

Okay. Sabse pehle, patient ka naam.

DR. NANDITA

Chart mein naam likha hai. Mujhe sach chahiye.

DR. NANDITA

Road pe slip se wrists pe dono taraf pressure marks nahi aate.

DR. NANDITA

Main doctor hoon. Overthink meri job ka part hai.

DR. NANDITA

Kyunki patient ka body aap dono se zyada honest hai.



DEPARTMENT HANDOUT: CINEMATOGRAPHY & SOUND DEPT**1. CINEMATOGRAPHY CONCEPT & LENS PALETTE:**

Use restrained, observational framing with occasional invasive push-ins as the truth tightens. Favor 35mm and 50mm lenses for intimate two-shots and 85mm for isolating reactions, especially on the phone reveal and confession beats. Keep the camera mostly static or with very slow creeping movement, as if the room itself is listening. Use over-the-shoulder compositions, partial occlusions by the curtain edge, and tight inserts on the chart, phone screen, and hands to turn paperwork into evidence.

2. 3-TIER LIGHTING SCHEMATIC:

- 1) Base layer: sterile overhead fluorescent wash with flat, clinical exposure across the waiting bay.
- 2) Accent layer: intermittent monitor glow and subtle practical spill from the bed area to create pulsing tension and visual uncertainty.
- 3) Escalation layer: slightly deepen contrast on faces as the scene progresses, allowing shadows to gather around eyes, hands, and the curtain edge while keeping the environment cold and exposed.

3. SOUND DESIGN & FOLEY ATMOSPHERE:

Anchor the scene with fluorescent hum, distant hospital ambience, and the rhythmic monitor beeps from behind the curtain. Add subtle Foley for paper rustle, phone vibration, chair shifts, cuff handling, and the soft hiss of oxygen. The acoustic profile should feel dry, enclosed, and unforgiving, with silence becoming the loudest dramatic tool during the reveal and confession.

4. COLOR GRADING LUT & PALETTE:

Use a cold, desaturated LUT with green-blue hospital bias and restrained skin tones. Preserve harsh whites in the fluorescent practicals while allowing monitor glow to introduce small pockets of cyan and pale green. Contrast should increase slightly in the climax to make the room feel more severe and morally exposed.



DEPARTMENT HANDOUT: PRODUCER & LINE MANAGEMENT

TIME	ACTIVITY / SCENE BLOCK	KEY DEPARTMENTS INVOLVED
08:00 - 09:30	Block and rig fluorescent practicals, monitor glow, and curtain movement tests	Camera, Gaffer, Art
09:30 - 10:30	Set dressing final pass: chart, chair placement, papers, bottle, clipboard, phone continuity	Art, Props, Script Supervisor
10:30 - 12:00	Shoot opening interrogation beats and chart dialogue coverage	Camera, Sound, Cast
12:00 - 13:00	Shoot phone reveal, unsent draft insert, and reaction close-ups	Camera, Sound, Cast
13:00 - 14:00	Shoot confession, cross-out on chart, and final reporting beat	Camera, Cast, Sound

LOCATION HACK & BUDGET SAVING TIPS:

Keep the unseen patient off-camera to avoid additional casting and makeup costs. Use one real hospital-style waiting bay or a dressed room with practical fluorescent tubes and minimal art dressing. Build tension through performance, sound, and inserts rather than expensive coverage. The curtain, chart, phone, and papers do most of the storytelling, so prioritize continuity and close-up detail. Use available monitor light or a small LED source to simulate bed-side glow. Limit company moves and keep the scene in one controlled setup with multiple lens changes.

• **Mandatory Licensing:** Completely free for student/commercial production with on-screen credit: 'Story & Screenplay by Story Dil Se (storydilse.in)'.

