Ep #81: THE PITT First Ten Pages

0:00
On this episode, we're talking all about the importance of the first 10 pages and how you absolutely nail it. So listen in.

0:12
This is the Script Reader Pro Podcast: hands-on advice, insider hacks, and deeper discussions for the screenwriters who are serious about breaking into the industry? Hi,

0:25
Scott. Hey, Desiree. How are you doing today? Or should I even ask?

0:31
No, really not.

0:32
Why? It

0:34
sounded like you kind of forgot my name for a second. I was going to

0:37
call you Des, but I don't think I've ever called you Dez on here. So I said Desiree.

0:40
Okay, well, we're kind of sitting differently today.

0:42
Yeah, a little bit of a little bit of a change. Try some different things. Everyone, we've got some comments about people saying that they want to see kind of like a more front-on shot of us kind of together, so we look like we're in the same room. So we're giving it a try. So let us know what you think.

0:57
Let us know what you think.

1:00
So today

1:01
it feels weird to sit here though and see this way.

1:04
Yeah, it feels weird to look at you this way. I'm gonna have a sore neck by the end of this.

1:09
Least you won't look like a quilt this week.

1:11
Yeah, that was rude. I got a I put on a sweater that kind of is my color today, and it's not a quilt. It's a nice sweater. It's not a quilt. Yeah, it's good.

1:19
Hi guys.

1:20
Hi.

1:20
This is the Script Reader Pro Podcast. Yeah, welcome.

1:22
This is Desiree. She's the host.

1:24
Scott is over there.

1:26
I yeah, we just call me the guy who talks about stuff. He doesn't shut up. It annoys me a lot unless she tells me to. So yeah, well, yeah, but yeah, we are here to talk about screenwriting. To talk about how to become a better writer. How to take all your skills and keep making them stronger and stronger. And I'm here for the education part, and Desiree is here for the entertainment value. Yeah, and look good, just to make us look good. Because if it was just me, let's be honest, be like, whoa, dude, glare on your head. Who is this guy? He's not. He should be. He has. He has a radio face. A radio

2:01
face. You should be on

2:02
the radio.

2:02
Considering you haven't shaved today, and you can't see that on the do have cat hair sticking out of your beard.

2:09
My beard. I don't have a beard. Hey guys and gals. Today we're talking about first 10 pages. But before we get into that, how we do we normally start things, Desiree?

2:20
We normally talk about what we've seen lately.

2:23
Yes, and we watched a really good movie yesterday. It was called Animals.

2:27
It was called Animals.

2:29
Yes, and kind of like the basic idea of of humans are just animals who can who can communicate.

2:35
It was really good.

2:35
It was really good. Ben Affleck was in it. Jillian Anderson and Kerry Washington,

2:42
yeah, she's awesome. She

2:43
was so good.

2:44
I love her.

2:44
Yeah, yeah. The movie was good. It was tense. Kept you on the edge of your seat. It was. It was mainly contained. There wasn't a lot of. I was going to say it

2:50
was a contained script for sure.

2:52
For especially for like a big budget Hollywood movie with like big actors, yeah. All kind of like 80% of it was just in this house.

2:58
Do you think that they built that house on a set, or that was a house.

3:03
I the the inter the interiors would have been built on the set, and not necessarily. Yeah, it's too hard to shoot in a house. You can't control like sound, helicopters going overhead, or whatever. I guess who knows, right? So they'll build this set on a soundstage, but the house was obviously a house that they used for the exteriors. Interesting. Yeah, it was good. I'd recommend it. It was on Netflix. It

3:23
was really good. Yes, interesting. And then yesterday, I binge watched this new, well, not new, but I went and I did a search on my phone, like for the best documentaries.

3:33
Oh yeah.

3:33
And the one that I watched yesterday was based on True Events called Under the Bridge.

3:40
Yeah,

3:41
it was so good.

3:42
Took place in what Victoria, B.C.

3:44
Yeah, and you were you you clued into some of the. I caught part

3:49
pieces. Yeah,

3:51
bits and pieces as I was in. It was good. It was

3:53
really good. I'd highly recommend it.

3:54
Yeah, you were like you were up to like 1115 watching it, and she's usually in bed at. And I

3:59
was like, this. Why am I still up?

4:01
Why

4:02
am I still up?

4:04
So, anyways, recommend that. So today we are talking about the first 10 pages of a script, and we're going to do a television pilot today. I picked this one because it is it's a huge show. First season got like nominated for and won like every Emmy. It's called the Pit, and it's about an ER in Pittsburgh. And I guess the the concept behind it is the entire season takes place in one ER shift. So yeah, you know what would be really interesting because I have my good friend who works at in Pennsylvania. Yep, yeah, he's a he's a cancer surgeon.

4:39
Yeah,

4:40
he probably loves it.

4:41
Well, no, but I'm wondering if it's the same. Well, no, because they wouldn't have shot in the hospital. See, again, I'm thinking they're shooting, and

4:49
yeah, but no, it's yeah, it would be from what I hear in this one. It's because you know when when doctors watch like ER or doctor shows, they're just like they roll their eyes all the time because they're like that. Yeah, that's not how. I guess this one's really, really authentic. Yeah, that's what I was

5:03
trying to get at. Is I'd like to know how authentic it is.

5:06
Yeah, if you know, comment, send us an email. If there's a medical personnel, first responder type of person watching this, let us know. But yeah, so so I wanted to use this, and what we're doing is we're just going to be going over the first 10 pages. We're going to be reading through them. We're gonna have them up on the screen, so you can follow along. They're in the show notes if you want to download the script. It's in there, but we're just gonna do the first 10 pages to showcase how how a show that really caught a lot of buzz and got a whole bunch of people interested in bringing it to life affects people on the page.

5:39
How come we never watched this?

5:40
Because it was all like it takes place in the hospital, and you had a lot of surgery stuff last year. And I'm like, oh, it's probably going to be dramatic for you to watch. Yeah, so that

5:48
makes that's why we

5:49
haven't. Yeah, but it's on our list. So

5:51
okay,

5:51
we'll get to it.

5:52
Actually, at first when I when I saw that it was called the Pit, I was like, oh, is Brad Pitt in that?

5:59
Of course you did. Okay, so Desiree, I will read all of the narration. Good, because I'm

6:04
not reading any of the narration. Okay,

6:06
and then I I marked out that you know you know your roles, so you know you know your roles. But what we're gonna do, just for clarity's sake, is we'll say, and then Dani, you said, and then Robbie says, right? So it's not, so it's not just. Yes, we're not gonna do different voices. Are

6:21
you planning on talking throughout as we go about what's working well, or no?

6:25
That's what we. Yeah, for sure we are. Okay, so we will pause and kind of analyzing it. We'll analyze as we go.

6:31
All right,

6:32
all right. The pit. It the title of the pilot episode is hour one, so that kind of sets it up, kind of like 24, right? Okay, so fade in exterior Pittsburgh skyline day something groovy like baby by Robert Bradley's Blackwater Surprise plays as we fly over the steel city of bridges catching glimpses of Point State Park, Du Caysney incline PNC Park baseball stadium etc.

6:56
Did you not read those ahead of time to figure out how to pronounce words? No,

7:00
I didn't. You did that.

7:01
You told me I had to.

7:02
I know. Okay, so this is funny because we had a question I think last time on the podcast about music. Should I should I put in a song or or something? They put it in there, but it says something groovy like. So it's just like a suggestion to get people understanding what what vibe, yeah, what feels, yeah. And then you're not spending a whole bunch of time. You're just showing a few landmarks, and in we go. So tells us where we are. So easy, quick. It's like four lines. Then exterior Pittsburgh Street Day. We also see those who call the city home. A diverse cross section of various ages, genders, and ethnicities. One of these we one of those we see is Dr. Michael Rabinovich, aka Dr. Robbie, 50s fit, walking at a good pace as he listens to the music on his AirPods, carrying a satchel. Every cool doctor has a satchel.

7:45
Really, only the cool ones. Only the cool

7:47
ones. Yeah. So then we are outside a medical center. Robbie makes his way toward a monolithic structure built into a hill. Pittsburgh Hospital Medical Center. So hospital is like a character itself that you got to introduce. So then, to make it easy, they just use initial. So interior PHMC day. Robbie moves along a modern curved corridor. This is the new part of the hospital, bright and inviting with a Zen-like calmness. At the end of the hallway is a pair of doors leading to the emergency department. He uses his key card ID to gain access. Then we are in the entrance. So Robbie enters through the doors, which is an instant assault to the senses. It's only a quarter to seven, and the place, excuse me, and the place is already overflowing. So I really like that descriptor, right? It's two, just over two lines, and an instant assault on the senses. That is better than saying there's vowels, there's whistles, there's arguments, there's voices shouting. Smells.

8:45
I thought smells

8:46
definitely because it's not because it's no.

8:49
I thought smell right away instead of like yeah, I guess hearing and stuff.

8:53
Hearing, smell, sight, everything, right? Yeah, but I thought that was good, and then it's already overflowing, so it tells us it's chaos, right? Without saying it's chaos. Nurse Dani Donahue, new character, African American, 20s upbeat most of the time. Good. Approaches a whiteboard with various emergency department information, including the number of patients waiting, boarded, in triage, etc. Donahue says, "Thank Christ it's Friday." Donahue changes those numbers, and not for the better. Robbie says it's not even seven, and we have 52 in the waiting room, but only 24 triaged. So that's the end of the first page. So that tells us that that Robbie is in charge. He's the guy. He's coming in and he's saying, you know, why he's asking questions. Right. Good first page.

9:39
Yeah, it was good.

9:40
I mean, not a lot has happened yet, but it's setting up the environment, the world. It's using good writing techniques, and that's what readers will kind of like point out and notice, right? How things are being explained, that kind of thing. So, next page, Dani. He says,

9:54
Dani, he says, night shift was downed, three nurses and attack.

9:58
Robbie continues on into the bell. Of the beast, great walking by photos on the memorial wall of COVID heroes who died due to their service during the pandemic. That also kind of tells us where we are and why. He purposely teaches one touches one photo with a ritualistic sense of deference. The photo is that of a distinguished African American man identified as Doctor Montgomery Adamson, died in 2020. Robbie heads toward the central work area, so that's good. It gives us a an understanding. Like, what does that say to you when he touches that photo? When he stops to do that, as like a ritual,

10:30
it's like just a honoring type moment. Like

10:35
you

10:35
feel, but then you feel a deep respect for the doctor.

10:39
Yeah,

10:40
and what he probably went through during that time, right? Like it was heavy.

10:45
Yeah, because it was, and being that he died in 2020, and he's a COVID hero, he obviously died helping people with COVID, right? And so tells us there there's probably like a family team vibe here, without saying, without having to lay it out, right? So overhead monitors display the board, a list of all patients currently being treated with a myriad of multicolored codes concerning their care. Perla says, "Is

11:06
it true?"

11:08
Robbie suddenly finds himself bookended by a pair of Filipina nurses walking in step with him.

11:12
That's good. That bookended part.

11:14
Yeah,

11:14
yeah, yeah. Because you can see it. Instead

11:16
of saying side by side,

11:18
squish him in there like an an Oreo.

11:20
Yeah, perfect. So Perla, 32, eternally happy and motherly, and Princess, 29, animated and spunky. It's funny because we know a lot of Filipinas, and those are perfect names. Yeah, Princess and Perla, like those are perfect Filipino names. So, and you look at the difference, right? They're about the same age, but one is eternally happy and the kind of the mother of the ward, yeah, and the other one's animated and spunky, so it gives us a a good idea of the

differences. So Robbie says, "Is what true?" Perla says, "Simmy told Hector that Doctorangian, Doctor D, said the hospital is up for

12:00
sale."

12:00
Princess says,

12:02
and they might turn it into an orthopedics medical center with no ER.

12:06
Robbie then says, if I had a nickel for every rumor of the ER closing, I could have retired already. And then, in parenthetical off their scrutiny, notices it. He says it's not true. Trust me, they're always threatening to shut us down, but they never do.

12:19
Why would they shut down an ER? I

12:21
don't know. It's just the way the medical stuff is in in the states. Who knows? Like it's it's private and it's you know owned by different. It's not like a universal healthcare system, so it's a little. Remember when they

12:34
because here they shut the ER down when they had no more no

12:37
more beds, no more

12:38
beds, and then there was the emergency.

12:40
Yeah, yeah, people in hallways and stuff. So Perla and Princess share a look, and then Princess says in Tagalog, which I thought was good because that's a lot of the Filipinas when they work together. Yeah, they do. To each other. I'm not going

12:52
to say it because I don't know how they speak it. Do you believe him?

12:56
Perla then says,

12:59
"I never trust the doctors." Well, that's good. Well,

13:01
because she said it into Gallog, right? Yeah. She knows he can't understand her. Then Perlin Princess smile at Robbie, and then off screen we hear Dana say,

13:09
"Gloria is looking for you."

13:11
Robbie turns to see charge nurse Dana Evans, 57, a no-nonsense lifer approaching the desk. It's interesting

13:18
because when you when Dana just says Gloria is looking for you, you already know the character she's gonna be.

13:26
Yeah,

13:27
it's not like hey,

13:28
yeah.

13:29
Sorry, can I ask you? She's the

13:31
doctor.

13:31
No,

13:32
yeah, it's just like Gloria is looking for you.

13:34
Deal with it.

13:35

No nonsense. She's the boss, right? Like I like her. Yeah, she's you. If you were an ER nurse, that'd be you. Sin Robbie says no guts, no Gloria. Dana responds.

13:46
Dana responds. Sorry, that's the one.

13:51
Robbie says must be time for my weekly spanking. Where is Abbott?

13:55
Think he may be getting some air.

13:57
Robbie moves off from the board. Interior physicians lounge day. Robbie enters, finds several residents on their phones and drinking coffee. Robbie says, "Has anyone seen Doctor Abbott?" Looks all around. No one offers up an answer as he drops off his satchel. He says, "Really?" Unfortunately, Robbie knows what this means. Interior elevator day. Robbie gets on and uses his key card so he can activate the R button for the roof. Okay, so we're now out on the roof, helicopter pad. Robbie exits and heads for the helicopter pad, where another doctor is standing close to the edge, like he's about to jump. Jack Abbott, 40s handsome.

14:30
Hey, Jack Abbott.

14:31
Jack Abbott. That's hilarious. Jack Abbott is from Young and the Restless. In case nobody knows,

14:36
I love Young and the

14:37
Restless. Jack Abbott. That's that's funny. So 40's handsome, but with an edge. So handsome, but with an edge. So handsome, but not quite.

14:47
No, he's handsome, but he's got a little bit of scruffy face, maybe. Yeah,

14:51
probably. Yeah, he

14:52
looks like he's a little bit tired and worn, or

14:55
maybe a little bit of a wild card. Like you, you can't quite tell what he's gonna do. He could be a psycho, but. Could not be.

15:00
You're just saying that because you know Pope.

15:02
Yeah, because I'm picturing that actor. Yeah, you

15:04
are, but that's not. We aren't seeing the actor right now. No,

15:07
but I'm saying I'm trying to guess what but with an edge would mean. I see leather jacket,

15:12
a black leather jacket, and gets on a motorcycle. That's kind of thing, right? Like you picture that.

15:17
Yeah, but this is good because they talk about him before we meet him, and this is important because a lot of scripts I read, and especially in pilots, because it's a large cast, usually they introduce everybody at once within one or two pages. We're meeting every single person in that ER. Oh, this is this person, that person, and you you have no clue who anyone is right now. By this point, I know who Perla is, I know who Princess is, I know who Dana is, I know who Robbie is. They're all very specific people, right? The residents have been nameless so far. Yeah, but the thing

15:44
is, too, is then a lot of times you feel overwhelmed. But the way that the writer has this written is that you don't feel overwhelmed,

15:52
right?

15:53
You get a good sense of who every person is without feeling overloaded with too many characters,

15:59
and even the way that they introduce characters without showing them is so smart. Because now you tell us Gloria, and he's like, "No guts, no Gloria," and then we understand. Okay, that's maybe the administrator. Like, okay, that's a character. And then they talk about Abbott for half a

page before we meet him and talk about, "Oh, we know where he is." And so you're setting up personalities also without giving us too many people to remember. And I have never read these pages. I didn't even read these pages my first time. Honestly,

16:23
that's very evident. You told me I had to read the pages every time.

16:27
Yes, because you need you you sometimes.

16:29
I need what you

16:29
never prepare.

16:30
Oh, what do I need?

16:31
I ask you to read pages every time, and you never do. But anyways, as I was saying, I I have not read these, and I already remember all these characters. So that just tells me that it's being spaced out enough. So then, we're on the roof. Robbie says, "What you doing, Jack?" Doesn't respond. Pretty busy down there. Abbott says,

16:49
"Sorry guys, I was right in my in the moment here."

16:52
So, oh,

16:52
Abbott says,

16:53
"Yeah,

16:53
had a guy come in hit by a drunk driver in a crosswalk. 39-year-old veteran survived three tours without a scratch. I spent the last two hours coding them.

17:04
Robbie says that's always a tough way to end the night. Why don't you come and walk me through what you've left for me?

17:09
I must have had a reason at some point, but I can't think of it.

17:13
Reason for what? To

17:15
keep coming back. Why does he not acknowledge what he's saying here?

17:19
I think that's kind of like I must have had a reason at some point. Like he's in his head, right? And he's thinking about this guy that died. Still thinking. He's not really

17:27
answering. Yeah. And he's

17:28
and and and that's kind of like I think that's a really good line because Abbott says that, and the subtext is I I don't know why I'm here. Why do I keep coming and do it? We're not helping people. People are dying. Something like that, right?

17:40
But he's also saying, "Whoa, don't start talking about other things. I'm not done with my

17:45
yeah

17:46
with what I'm dealing with.

17:47
Yep.

17:47
So stay with me a little longer, kind of thing, right?

17:50
Yeah. So

17:51
Abbott says to keep coming back.

17:53

Yeah. Robbie says because this is the job that keeps on giving off of Abbott's look, nightmares, ulcers, suicidal tendencies. Besides, if you jump on my shift, well, that's just rude. So good, some good banter there, right? Abbott shares a look with Robbie and says,

18:07
"Abbott says, 'I hope I'm never one of your patients.'"

18:11
Robbie says, "That makes two of us, my friend." Abbott climbs down, heads back inside with Robbie. So it almost feels like that's like a ritual. Like he's always up on the roof because they knew where he'd be, and this is his. He knew

18:21
right where to go.

18:22
Yeah, and he knew he'd, but but Robbie knew he'd be back, right? So then we're in the elevator with them. Robbie and Abbott ride down the elevator together. Abbott says,

18:30
"I've got a pregnant teen coming back today for a small bowel obstruction, waiting on surgery for the last three hours, and unfortunately, the Kraken or Kraken is still boarding in BH.

18:42
See, I have no idea what the Kraken is, and I don't know what BH. Yeah, so I don't know that yet.

18:47
That's probably the realistic part of having it be like, you know,

18:51
well, that's

18:52
authentic.

18:52
Yeah, like it may not be completely clear, and we'll probably find out what that means. Instead, like, there's there's no on the nose dialog. He doesn't say yeah, the Kraken, and then explains what it is is still boarding in BH. You know, Boston Hospital. Like, you know what I mean? Like, yeah, they're talking like real people. Robbie says, "Still that that guy's been here six days waiting for a psych bed."

19:11

Yeah, and he's only getting worse. He's sleeping at the moment, but when he wakes up, God help you! I did write a note for the family of my dead vet,

19:21
he hands Robbie an envelope.

19:22
He's going off back and forth. They have a lot that they have going on, right?

19:25
But that tells us this guy cares, right? And I think that's important, yeah, right. And then Abbott says after that,

19:32
Abbott says you've also got the med students and a new intern starting today.

19:36
Robbie says, "Lucky me."

19:38
Look at the bright side.

19:39
The doors open to the chaos of the emergency department as a naked patient runs by, his IV bag dragging on the floor behind him, with Perla and Princess in pursuit. Really good alliteration there.

19:50
Description because you can totally see these two Filipino women

19:54
running

19:54
after him as they come out of the

19:58
elevator. Yeah, and it's just a nice moment. But you could see the way

20:01
that they would say it.

20:01
Yeah, yeah,

20:02
yeah. How do you say the accent?

20:04
Yeah,

20:06
you're very good. Yes, they're

20:08
like Scott, Scott, please come back here. Please come back here, Mister, Mister. Yeah, yeah. So it was a nice little moment of levity, though, because everything's been so serious. So a man in a wheelchair accidentally wheels over the trailing IV tubes, causing it to rip up, rip out of the runner's arm, leaving a trail of blood and off his scream. Abbott says,

20:26
"At least it's a quiet day."

20:28
Collins then says, "Who left this mess?" Yeah. Then Central Work Area Day, senior resident doctor. Oh, because she was off voiceover, so now we shift to the different area. Senior resident, Doctor Heather Collins, 40 African American, confident and smart, looks at the board with disdain.

20:43
And then Colin says, "Could we get at least could we at least get rid of the dead bodies in six and 10?"

20:50
No one reacts. And then Colin says,

20:53
"Don't everyone jump up at once."

20:56
Geez, it's insane what people in hospitals have to deal with, hey? So then, Doctor, what? It's insane what people in hospitals have to deal with. Like, hey, can you go get the dead bodies out here? Like, it's crazy. Yeah, I couldn't do it. No, I know too much. Doctor Frank Langdon, 32, energetic and eternally upbeat, walks up. Good morning, sunshine.

21:14
Colin says you obviously haven't seen this board. It looks like a natural disaster.

21:18
We've seen worse. Nothing like a good challenge now and then to keep everyone on their toes.

21:22
Colin says your enthusiasm sometimes makes me think you're on drugs, Langdon.

21:27
Langdon says I am endorphins, baby. Okay, this guy's that cocky chachi cocky chalkers. He's that cocky doctor who's swinging down the hall. And

21:37
everybody knows he's like the doctor.

21:39
Yeah,

21:40
make make dreamy,

21:41
yeah. But he can probably do. He's probably perfect doctor, so he can you know that's what it sets up, right? I ran a quick six this morning, followed by a 12 minute ice bath, eliminates all inflammation in the body and breaks the immune system through this guy's a cautious dude. He's got to tell everyone I did my run, I did my ice bath. Like he's like I'm awesome, right?

22:01
Okay,

22:01
yeah. That was that's just like a great dialog to tell us everything we need to know about this guy. Yeah, you don't need to know, right? Following everything up. I can picture

22:09
exactly doctors I've met, exactly the types.

22:13
Yeah, totally. Yeah, yeah, totally. Yeah. And then Colleen says, Colleen says,

22:18
I stopped listening at ice bath.

22:21

So then, doctor. So then, over voiceover, we hear Mel, Doctor Rabinovich. Okay, now this is one thing I find interesting. They're using voiceover at the end of a scene when we jump to a completely different place. And normally, what you would do because

22:33
you hear, but it's because there's a lot going on. You want to, I think, feel the sense of chaos. Oh

22:39
yeah, for sure. But he uses voiceover. He or she uses voiceover here. But what you would normally kind of what tend to use in these situations instead of so in the voiceover you would then also write pre-lap because what pre-lap means is you're hearing this over the current scene, but it's from another scene, not just off-screen. Sometimes we hear a voiceover, we think they're like just over their shoulder. Oh, because

22:59
then the camera would then span to that next room where that person where the sound came from. It would

23:05
just cut to that room. So I mean, like

23:06
to that room.

23:07
Yeah. So a pre-lap is usually what you would put there to for because this confused me when I same thing with the in the previous room when we moved to it. Yeah. I was like, oh, that's confusing. It should be pre-lapse. So then seeing it again. So I mean, just one or the other works, but for me, I would have preferred a pre. Okay, I gotcha.

23:23
Because it's not ending the scene. We're starting like with not ending the scene. We're just going to another area in that scene, right?

23:30
No, no, it's a it is a new scene. It's cutting to like a different area. Right, I'm saying

23:34
like, but we're

23:35
continuous,

23:36

right? Because we're still going back to male.

23:37
Yeah,

23:38
so it's the same time.

23:39
Yeah, yep.

23:40
So should it not say same time?

23:42
No, it can be day. Like same time can be used. It's fine, but we know this is hour one, so it's like we don't need to say the time. I think. Yeah. How

23:50
do we know it's hour one?

23:51
It said that right on the first page. It's hour one. Okay. Started. All

23:54
right.

23:55
So interior corridor we're in. Robbie and Abbott turned to see resident Dr. Melissa Mel King, 28, bubbly and enthusiastic, bounding toward them.

24:04
Melissa King, I'll be joining you today. Just finished. Two months at the BA.

24:08
Robbie shakes her hand. Welcome to the pit. This is Doctor Jack Abbott. So what I like about that is the use of the word bounding. He could have most writers would just say walking or or you know hurrying up to them. She bounding because that that's a pretty big image, right? When someone's like, they're so excited, they're bounding. So it tells us that she's going to be a lot,

24:28
yeah,

24:28
right. So really clever, and that's what you want to be doing as a writer is try and use clever choices, words that that make us see an image, right, rather than just an explanation, right? We want it to come alive and be visual for us, so that's a great use of that there. So, okay. Then Mel says,

24:45
"Nice to meet you. I can't see. I want to talk fast because I feel like she's a fast." Yeah, exactly.

24:49
Yeah.

24:50
Nice to meet you. I feel like she'd be like this. Oh, fly a little flighty.

24:54
Totally. Yeah.

24:55
Nice to meet you. I can't tell you how excited I am to be here.

24:58
Total suck up, hey. Yeah. And then Abbott says, "Talk to me at the end of the day."

25:02
And then she's probably like this,

25:04
yeah, or like just like stares, like I don't know what to say to that. Robbie then says, "Ignore him. He had a rough night and is having an ongoing existential crisis." Then Mel says,

25:15
"And then Mel says, 'Oh, oh, oh,

25:20
yeah, it's not a question mark. So no,

25:21
but I feel like she would say a question.

25:23
I think it'd be like yeah, confusing. Like

25:25

oh,

25:27
yeah, like she doesn't know what to do. But it's good because it gives the actress something to play with, right? And then Abbott says, "Don't worry, you'll get there soon enough." The three of them reach the internal interior central work area where the other characters were. So now they're all together. So Robbie, Abbott, and Mel joined Collins and Langdon in the central work area. So there's four character, five characters being mentioned, but we already know them all because we've been taking taking time to do it. So then Robbie says, "Morning, people. This is Melissa King. She's joining our service today. Where are Samira and McKay?" Langdon says,

25:57
"McKey is giving our new med students an intern a tour of chairs and triage and slow mo is with a patient.

26:04
Slow mo, slow mo would be Samira. Okay, interesting. So there's a nickname for us. Then Colin says,

26:11
which means she should be done in a couple hours. Oh, I

26:14
guess she's just super slow. Okay, got it. Slow mo. Colin shares a look with Robbie. Abbott says she's smarter than all of us, Colin says. Yeah,

26:22
but she's only got one speed.

26:24
Abbott responds. Slow, slow and steady wins the race. Colin says.

26:29
Not in the ER.

26:30
That's true. Robbie then says, "What what room?" Colin says.

26:35
Near the Sinpapi in Central 14.

26:38
As Robbie moves off to find Samira, Colin says as he looks at the board,

26:43
"What the hell were you guys doing last night, Jack?"

26:46
Yeah, so he's instantly blaming Jack because it's not how he wants it to be. Yeah, a mother and her newborn baby are being wheeled by in a gurney, accompanied by her tired but happy husband. She's excited to see Abbott again. The mother says, "Doctor Abbott, thank you again for everything. You're a miracle worker." Abbott says,

27:01
"My pleasure."

27:02
Abbott smiles to Collins. I was performing miracles. A great line. Collins says, "Oh please, women have been having children on their own for a million years."

27:14
Abbott says, "Not with complete breach presentations."

27:18
Collins says, "I hope she got one of your fan club T-shirts, Abbott says

27:23
meow.

27:24
So that's really good banter between. There's obviously competition, and I'm sure there's competition between. Well, like it's like what have you been doing?

27:30
And then he's like, I've been helping babies be born. Yeah, like just yeah.

27:34
But that's how we like any doctors you've dealt with. The one thing that we notice is that doctors don't like other doctors coming in and questioning their stuff, right? Like you say, even like a second opinion. It's like they just they don't want they don't want to be told that that you don't think they're right, right? And so having this bandwidth means that

27:52
they don't like it when I say I'd like to talk to another doctor.

27:56
You do all the time, but you have to. You have to be your own advocate in

28:00
health.

28:00
Yeah.

28:00
So then we got a voiceover with Estelle. I married my second husband Everett in 1964. Okay, we have don't have any idea who Estelle is yet. No. And it's a voiceover again. I bet you this is a pre-lap into a new scene, but it it's just telling me I'm hearing it. So yes, we're into a new scene. So could have been a pre-lap would have been clearer. Interior Central 14-day third-year resident Dr. Samira Mohan, that's slow mo, 36 Asian personable, is beside is bedside with an elderly elderly woman Estelle, 80s alert and cheerful, taking a history. Estelle says

28:35
he wasn't quite as handsome as Roger, but he was a very kind soul.

28:40
She's sweet. Robbie pops his head in, and she continues.

28:45
He unfortunately passed in 1976 from a heart attack while we were vacationing in Kissimmee, Florida, during the bicentennial.

28:54
Good morning, Robbie says we're going to round. We're going to round, Dr. Mohan,

29:00
and she says I'll be right there." Well, she's slow, so you know she's not going to.

29:04
Yeah, and then so Robbie says, "Sooner we round, sooner we get back to our patients, right? Just like hurry up, get the

29:10
point."

29:10
Yeah, and then she says,

29:12
"Excuse me, Estelle, I'll be right back."

29:15

See, I like this Robbie guy because he's like he's respectful of everyone. Most doctors would just be like, "No, now, yeah, get your ass in gear. We're going right, but he's like doing it with some subtext to not make the patient feel unseen. So I like this guy. Then we're in the hallway. Samira steps out to speak with Robbie as they head back to the central work area. Robbie says, "You know, we track every resident's patient seen per hour." She says,

29:38
"I was just taking her history."

29:40
And then Robbie says it's a brief backstory of what brought them in, not an autobiography.

29:45
That's kind of rude.

29:47
Well, people are dying in here, right? Well, I know. Then she

29:50
says I was almost done.

29:52
And then he says you haven't even made it to this century. See, this is you. This would be you. You'd be some. You'd be in there talking to that woman, getting her whole life story. I would more about like making. I feel very angry. She wanted to feel heard that

30:06
Robbie is forcing her

30:08
to. But you would be slow mo. Yeah.

30:10
Yeah, I know. I would be slow mo.

30:11
So then she says,

30:12
"You're right. I'm sorry. She just led such an interesting life, knowing everything. This is so miserable.

30:20
Her grandfather lost a leg to grizzly bear, and a cousin of hers went over Niagara Falls in a

30:27
yeah. She sees his look. Yeah. Okay. I'll keep it brief. All right. Then we hear McKay. Patients check in with registration. Then interior chairs day. So this must be like where the seating area in the ER, the waiting room, right? The dreaded waiting area is already full of the usual pukers, bleeders, and coughers, although with a colorful assortment of other would-be patients. As third-year resident, Dr. Cassie McKay, now we meet her, 42, wise and a little world weary, escorts two med students: Victoria Javadi, 20, Persian, petite but brilliant; Whitaker, 26, Caucasian, good natured but nervous, and intern Trinity Shaw. 26 Asian, competitive and acerbic, who trail like lost goslings. So that's a lot of characters at once. But you'll notice that they're making really specific modifiers, right?

31:15
But it's interesting that they give the characters names, then they put their description just in brackets.

31:20
Yeah,

31:20
they don't even expound on it. They don't give us really a lot to go off of, which tells me that they're probably not going to be main characters.

31:28
Well, they they're residents, so they're probably going to be main characters. And why

31:31
don't they give more time to introduce them?

31:33
Because they're not as important, right? But but the the things that they do are very specific, right? Petite but brilliant. It's like okay, so that tells me, and this is the reader analyst in me, right? I'm always analyzing what do they mean. So petite but brilliant tells me that she's underestimated. She's this petite young woman.

31:54
Yeah,

31:55
but watch out! Don't don't don't judge her too quickly. She is absolutely brilliant. So that tells me about for

32:00

me. It tells me that she probably looks very, very, very young. Like she looks like she's 16 and she's already a resident. And you're like,

32:10
yeah,

32:10
she knows what she's talking about. This is shocking.

32:12
Yeah, exactly.

32:13
You know.

32:14
Yeah, and then the next one, good natured but nervous. So you can just see that, right? Like, like that guy. We're talking about this after, but but like that one medical student that you were talking to, and you were you could tell he was so nervous grabbing his bag, and you're like, dude, like calm down, like relax. Yeah, I'm just a person.

32:30
Put your bag down.

32:31
Yeah,

32:31
sit back in your chair and talk to me.

32:33
Yeah, so you can see that this guy's just like he doesn't want to screw up. And then the and then the last one, Trinity, Asian competitive and acerbic. I don't know what acerbic means. I'd have to look that word up. But competitive, she's the only one who's been didn't been described that way as being competitive. So you can tell, as opposed to a nervous guy, she's like ready to like. Or do you think she's also like a

32:54
like a kiss ass?

32:57
She could be. Yeah, yeah, but maybe not, right? Yeah. So maybe that's what acerbic means. Is the opposite of I don't know. No. So then McKay says, and a nurse eyeballs them to to be sure

they're not dying. If they if not, they move into one of the triage rooms for vitals and a quick chair exam where you can order labs and X-rays. Shaw then says,

33:17
and then they go back to the

33:18
waiting room until a bed opens up

33:21
for how long?

33:22
Eight hours, if they're lucky. Sometimes 12. Is

33:25
it always this busy?

33:27
Yeah. End of page 10. So that tells us this is their first day. These residents, it's their first day. And this is this is. You'll hear people say, "Start a scene as late as you possibly can."

33:36
Yeah.

33:37
Right. You don't want any entrances or exits. We could have gone into that scene with McKay walking them into the waiting room and starting to explain, but no, we we drop in there as she's finished her presentation. Right? She just says the last sentence, and we're done.

33:51
Right?

33:51
Smart. It keeps that pace up. It keeps that intensity. So, so those are the first 10 pages. That was a lot of information

33:58
reading.

33:59
Yeah, there's a lot. There's a lot going on there in in in those 10 pages, but it's also there's a lot of dialog, which is snap, snap, snap, right? Like this wouldn't be probably 1010 minutes long, right? Right? It would probably be six, maybe six or seven. Um, but it it introduced like we know

where it's in a hospital, we know it's in the ER, we know the different personalities of the teams, we can see the the conflicts where they are, we can see which character. We know what each character kind of thinks of themselves or sees them as. What else did you pick up on in that?

34:27
We can feel the chaos. We can sense the chaos, and you're just like, okay, like there's no time to even talk. Let's get going, kind of thing. There's no time to take a breath or rest.

34:38
Yeah, yeah, it's intense, and even the doctor doesn't. He only gets a minute to be up on the roof clearing his head, and then you got to come back down. Let's go. So to me, all of these people care about their patients, except that cocky guy, the chochy guy. I'm sure he cares, but maybe we'll see. He cares

34:55
about the paycheck.

34:56
Maybe yeah, yeah. He probably yeah.

34:58
And about his car

34:59
and how good. Yeah,

35:00
and his his penthouse apartment. Yeah, he

35:03
was. She probably walks. Remember, your friend Jan was telling you this older lady. She was she was doing an impersonation of a doctor walking down. Yeah, she's like all the doctors in this hospital. They walk down the the hall like this. Like they need everyone to know they got big swing and balls as they walk down the hall.

35:22
It's true. It is

35:23
true. Yeah, and you can

35:24
pinpoint them.

35:25
Yeah. Oh, yeah. You know they're coming. Yeah. Um. Yeah. I thought this would be good to do too because just so you know a little something about Desiree. Desiree is amazing. Um. One of her biggest. One of her biggest. Uh. Kind of like missions in life is to advocate for people who just don't have what it takes to advocate for themselves, right? Because a lot of people don't have voices that aren't aren't strong enough or confident enough with their voices. You go into the hospital, a doctor comes in, doesn't really ask you what he you know about you. You feel uncomfortable. You want to know things, but you're too scared to ask. And the doctor's all business, and he's gone. Desiree doesn't put up with that. She had she had a doctor that did was not talking to her in the way that she felt respected, and she called him on it, and he didn't like that. And no, when you were present, when I was present, and then I I like it was going on, and I said, dude, like, do you are you even listening? Like she's trying to tell you how you made her feel, and you don't. All you're doing is trying to say why you did what you did because you had to. Da da da. Anyways, after that, and she she like she reported to the College of Physicians to everything went all the way up the chain. All of his bosses dealt with it. He got kind of like big talking to. He wrote a letter of apology, and then the the you know the medical school called Desiree, and they're like, "Hey, do you think you could come in and teach like to your residents how to talk to patients?" And so she's like, "Yeah, I love it." She went in there two times, had four students at the time, and and like by the end of it, they were just like, "Oh my gosh!" Like I've learned, I I would never have known that this is how we should actually talk to patients and treat them. And and anyways, yeah. So I mean, you've seen her on here. If this is your first time, watch some other ones too. But yeah, I thought this would be cool because you have a really Desert. You know, her her medical story is interesting too, and so she's had to deal with a lot of this stuff. And yeah, it's I think this this is setting me up to be like there's so many different characters and they're all they're all different, right? I want to watch it now.

37:22
Me too. And I'm actually curious to know though, uh, the person who wrote it, where they got their information.

37:29
Yeah. Like if what kind of research

37:31
they did, or

37:32
maybe they were a doctor, or they

37:33
have family who who is like to know all the ins and outs, you'd have to be quite invested. Yeah.

37:40

And I know the guy who plays Robbie is Noah Wiley, right? From and he was on ER forever, and he's like the executive producer. And I don't even know, maybe he even wrote it. I'm not sure. I'll have to look that up. But anyways, he's like hardcore into it, and so yeah, I'm sure he brings a lot of that experience by being around experts and stuff. Anyways, that that's our television first 10 pages. It it shows. I wanted to show this. Our next episode is actually going to be doing the same kind of thing, but with a very contained movie script where there's virtually no movement. I wanted to show the contrast because this is always moving, right? Like we start, we're on the move, we're walking with Robbie, we're into the hospital. He's going from place to place. We're moving to different rooms. It never stops moving, which is a hard thing to do, right? It's hard to do that, but like it's it's it's hard to do that while stopping to make us pay attention to characters, understand personalities. Just really good, I think.

38:36
I think the whole point of this, what you guys as listeners or viewers can get out of it is that you want to keep your audience interested, and if it doesn't make you as a person reading want to flip to the next page, you probably need to work on those first 10 pages.

38:55
Yeah,

38:55
like you said with this one, we want to watch the the series now.

38:59
Yeah, I wouldn't stop reading. No, even if someone said only read the first 10 pages, I would have read. You want to read,

39:03
and so that's what I think you need to remember as a writer: is those first 10 pages are more important than you probably think.

39:09
Yeah, and then I think the three things that you can pull from this example, like study it, go back through it again. Number one is how they paced out the different characters, how they took time to introduce each one and give them a moment. That is really, really good, and that's really important. Now, the second is the use of dialog to reveal subtext and reveal who these people are and what they're saying without having to, you know, deliberately say this guy's a cocky asshole, you know, things like that. And then the third one is the the descriptions, the words they use. The you give us a lot about a character and two or three words, so

39:42
they're very thought. The words are thought out meticulously. Yeah, very

39:45

much so. Like

39:45
each word has its own job and position on the page.

39:49
Yeah, like that example bounding towards them. Like it's just very smart writing. Take your time. Don't just put. Oh, here's my description. I'm just telling you what you're what's going on. You got to make us see it and see it and. Different way. This is a different kind of voice. This voice is different. It's unique. It's doing things in a great way. So, think about that, and we're going to take a break. Tell you one of our services, and we'll be right back.

40:10
Feel like you've taken your script as far as you can on your own? We know how frustrating it can be sometimes to get the great ideas that are in your head properly on the page, but imagine having a professional screenwriter jump in and rewrite it for you to create a market-ready script. Send us your script for a rewrite proposal, and the pro of your choice will write up a page or so of notes on exactly how they'd approach a rewrite. Head on over to www.scriptreaderpro.com. and use the code rewrite 15 during checkout for the rewrite proposal to get 15% off.

40:53
We're back.

40:54
We're back.

40:55
I think they missed me.

40:56
They probably missed you. Yeah. Welcome back. I missed you, and I didn't even leave.

41:00
Whatever.

41:01
You're so missable though, and you look really good today. Your hair looks awesome.

41:05
Thanks.

41:05
I like your eyeshadow. I like you started doing eyeshadow. Do

41:08
you guys like my? She's my

41:10
wife. I'm not. This isn't like workplace harassment. Yeah, workplace harassment. Not hitting on the host. She. I can hit on her. She's my wife. So,

41:19
you're allowed.

41:20
Yeah. So, question and answer period.

41:21
You guys, if you have questions that you would like to submit, you can send them to hello@scriptreaderpro.com. We'd love to get some questions that we can answer on the show.

41:31
Yeah, or or comments or feedback or like suggestions of hey, do an episode on this. Yeah, do that. The

41:38
reason we're doing the 10 pages is we did actually get a request.

41:41
Yeah. So can you? We liked your. It was like we really liked your pages episodes. Can you do? Can you do 10 pages? Okay.

41:46
First question here comes from Lauren from Kingston, Ontario, Canada. I'm curious how you know when you've written a screenplay enough. I feel like every time I go back to mine, I find something else to change. Is there a point where you just have to stop tinkering and accept that it's ready to send out?

42:06
Yeah, we've had similar questions like this before, and obviously a lot of writers deal with this. A lot of times when I'm mentoring someone, they're like, "Well, that's like they'll got through their drafts and like, that's it. Like I'm done." I'm like, "Well, yeah, like you can you can go in and do it again and again, but I think the the way you realize that you can be done is if you've gone in and and you make just a small change, but it doesn't actually affect the script. Like no one could read one and the other and even notice the changes because you've just changed one little line or something like that. Done, be done, right? It's it's always going to change. If someone reads it and wants to be involved in it, they're gonna have notes. It's gonna change anyway. So you have to just be confident that, like, you know what, I'm not changing anything major anymore.

You don't need to go in and tweak. Move on to the next one because you're only as good as your next one,

42:51
right? And don't pick at it too much. Yeah, like I pick at. Like I

42:54
wasn't saying, like she picks at me. Don't you get your script like she picks at me?

42:57
Funny. Okay, next question comes from Tenzin from Bhutan. Oh, Bhutan! Do you think it's possible for a screenplay to have too much conflict? I've been getting feedback that my script is exhausting because something bad happens to happen to my main characters on every page. I thought that's what we're supposed to do as writers. Okay, listen, this sounds like my life, yeah, it does. Every time something happens, you get over it. Something happens. Yep, something happens, and then you're like, "Oh, great! Another thing." Yeah, I mean, if if you're getting feedback

43:30
that that there's too much too much bad stuff or too much conflict for your for your character, there probably is. I wouldn't say you have to have something happening on every page. You should have a something big happen to put conflict in between the characters or facing the characters, and then have them overcome it, and then deliver another one. But it doesn't have to be page after page. That that doesn't feel like there's enough time. If that's happening, not enough time for the the plot to develop. Not enough time for the characters to develop,

43:56
or for breathing room for the audience. Yeah, you got to have a breath too. Yeah, I think it's just like if you're on the edge of your seat the whole time, you can't even have the moment to process everything.

44:05
Yeah, and and if you look at as that's happening, look, you can look at each scene and say, okay, just stop. What is the reason for this scene? Like, what? Why does this scene have to exist here? Find out what that is, right? If it's to reveal a piece of character, to have a plot detail, whatever it might be, just make sure that that's that's the important part, right? And and if the scene isn't actually giving us that, but it's just giving another obstacle or thing, and it doesn't actually affect anything, then that can show you that maybe it's not needed. If that makes sense, hope that answers that. Yeah.

44:34
This next one comes from Trevor McAllister in Bozeman, Montana.

44:39

Bozeman.

44:40
How important is it to actually like your main character? I'm writing a thriller where the protagonist makes some pretty terrible decisions, and I'm worried audiences won't want to spend two hours with her. Can a character be completely unlikable and still carry a successful movie?

44:57
Yeah, we've had questions. I get questions like this all the time. Um, you don't have to like you like just because you don't like them doesn't mean the audience isn't gonna like them.

45:04
But the audience should be rooting for them.

45:06
There's a difference between liking someone and rooting for them, right? Like, like, like in that TV show you were watching, pretty much every one of those teenage characters were awful people.

45:16
They were, yeah. But

45:17
you were probably rooting for some of them to get through it, okay?

45:19
Yes,

45:19
right. So they're not likable, and even Reina, the main character, you're like, man, she's kind of a brat. But Reina, she's kind of like awful, but at the same time, you're like, this poor girl's been through so much, right? So you can feel for a character without liking them,

45:32
right? And I think even though she's an awful character in a lot of the ways she acts and behaves, you feel for her because she's been bullied and not included, and is a different nationality, and her parents have dealt with, you know, being faced with.

45:52
Yeah, yeah, it's it it it's a kind of like a culmination of all of their pieces, right?

45:58
So you can relate, is what I'm getting. Yeah, as long as

45:59
as long as a character could be like, okay, I can relatable.

46:02
I can see why they need to get through this story because they need to put that flaw down or whatever the issue is. So yeah, it's it's it's a matter of is it an effective character, not is

46:11
it likable. Last question comes from Isidor in Chile or Chile?

46:15
Chile.

46:16
No, it's Chile.

46:17
Chile. Chile. They say

46:18
Chile.

46:19
Yes, Chile.

46:21
Have you ever read a screenplay?

46:23
Nope, never have.

46:25
Where the writing wasn't particularly great, but you could still see it becoming an amazing movie. I'm wondering how much weight you put on actual writing versus the strength of the underlying story or concept.

46:38
That might be one of the best questions I've ever had. That's such a great question, and yes, I've read many screenplays where it's like I see the opportunity there. Like, holy crap, amazing concept, the

46:49
idea, really

46:50
good plot, but the writing isn't good. Like, they're either not nothing against not knowing English, but sometimes there may be a problem of that person's first language isn't English, so they don't quite have a mastery of the writing. Let's

47:04
talk about that for a quick second here.

47:06
Sure. So, what is this? Oh, my wife made me this. So,

47:09
this is scarce. My wife

47:10
does a lot of decoupage, which basically is taking like you know pictures or napkins and then like gluing them to things. I said to her, I said, I found this tin, and I said, and I, I, I like my fountain pens. And so I said, I said, can you make me a tin, you know, for all my pens? And she said, sure. So this is the movie I wrote that was produced.

47:30
The reason I'm bringing it up though is because you were talking about English not being a first language and the translation, right?

47:39
Yeah. And

47:39
how did this affect you with this movie. Where's the the quote there?

47:44
Yeah, it's so yeah. When they when they did the it's right

47:47
on there.

47:47
Is it on? It's on the back. I think. Yeah, it's on the back. So when they yeah, because because languages are different, and not every movie is going to be shot in English and shot in North America, right? Like this this person asks us questions from Chile. So what happens is there can be things lost in translation, so that can be fixed, right? You can't make someone write good character or have a great concept or put a plot together. Like those are harder things to do. A screenplay is only a literary document in the fact that it needs to be read to be shot, but it's

eventually to be shot. No one's going to be reading it, right? But it's important to understand the the the power of writing and choosing the right words, like we just kind of went over. But yeah, I wrote this movie. I wrote it in English. Ukrainian production company made it, so they translated it into Ukrainian, and then they wanted to do subtitles, so they translated it from Ukrainian back to English. So a lot of stuff was lost in translation. So I I had a line in there that the dog said, "Yeah, it's like you're getting out of the frying pan and into the fire," which is like a, you know, it's a, I don't know what they're called, right? It's like a saying, right? That

48:50
metaphor. Yeah, no,

48:51
no, the colloquial. I know it's. I know. Yeah. So we, a lot. I don't know if everyone knows that, but a lot of people does. It means you're in trouble. So when they translated it back, one

48:59
thing to the next.

49:00
Yeah. So when they translate back, this was the dog. This is what the dog said: punishable by punishable by law, karma, and your butt sizzling on the frying pan in hell. So that's what the subtitle was, and I'm like, that makes zero sense, and it has nothing. It's not even the same thing. So I, so I'm like, can I fix your subtitles? And so I went back and just kind of like had them be how I wrote it in the script. Yeah. The

49:20
point is, is that those things are minor and those things can be fixed. So to answer the question, yes, they can definitely become an amazing movie.

49:30
Yeah, but you, but but people are going to judge you on your writing. A lot of readers are genuine. They will. They're reading through and they're like, oh gosh, if they can't get over this grammar or frying pan

49:39
from hell, they're going to be like, what? Yeah. Like, does this guy make any sense? Right.

49:45
Yeah. Yeah. So you you you have to you have to like if you're struggling, take some creative writing classes. Just read as many screenplays as you can that have been produced to learn and understand how to visually write well. But yeah, you can learn that, but you can't. Like I always believe, people are just natural storytellers. You can teach someone how to write a screenplay, and anyone can write a first draft of a screenplay. But not everybody is just a

storyteller knows how to tell a story. And so, yeah, yeah, you you you just just keep keep getting better, keep practicing, keep writing.

50:16
Guess what, guys?

50:17
That is it. We are done. So thank you for joining us. If you enjoyed yourselves, subscribe to our channel. Check us out. If you're listening to this on your podcast app, subscribe to it. If you have not seen our video, this is us. We're on video. We probably reference things and like, hey, look at this. It's because we're also on video. So check out our YouTube channel if you haven't. If you have, how many? If you want to rate us, how many stars did you like? Five, five. What color should they be

50:41
always gold?

50:42
Gold. Desiree likes gold. Check us out. Check out our website again. Questions? hello@scriptreaderpro.com. Check out our website scriptreaderpro.com. We have every service a writer could kind of ever need. And if we don't have one you're wanting, let us know. We'll put something together for you because we are all about helping writers craft wonder one page at a time.