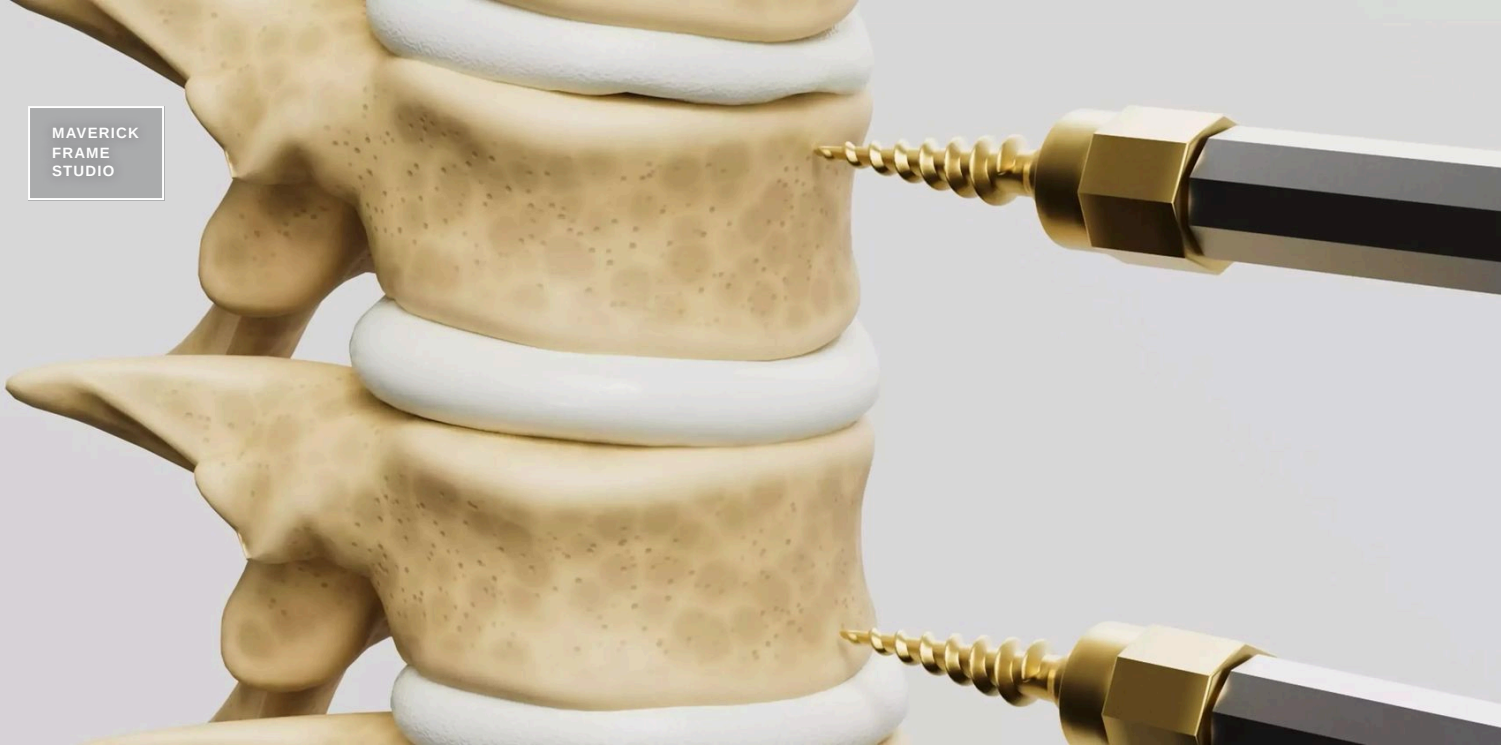




FIELD GUIDE / 2026 EDITION

Twelve Questions Before a Surgeon Stops the Film.

Ask them before you sign a medical animation contract. A studio worth hiring answers all twelve in one email. The wrong one goes quiet when you ask who checks the anatomy.

START HERE

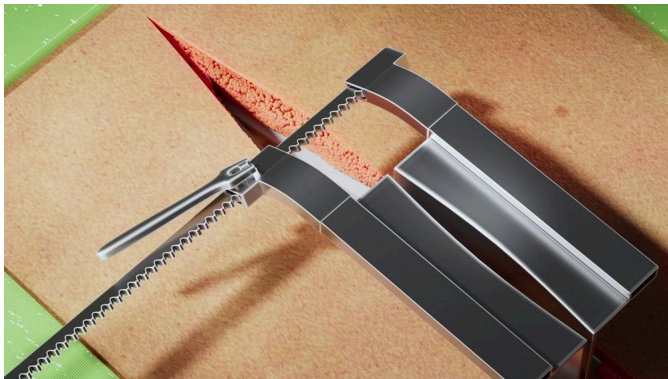
Every failure was visible before you signed

Medical animation projects rarely fail on the showreel. Every studio has a beating heart and a spinning molecule. They fail on the five things below, and every one of them could have been spotted in the first email, if anyone had asked.

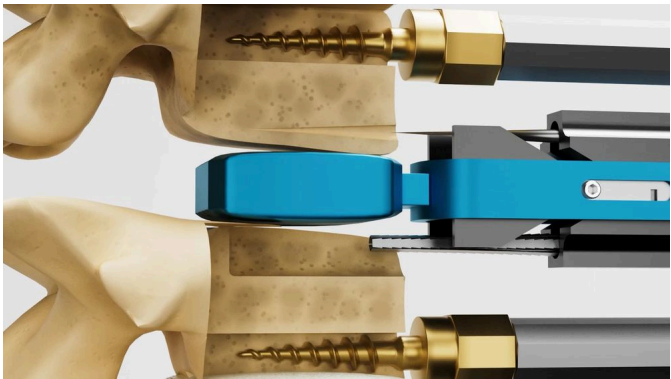
WHAT THE SALES CALL PROMISED	WHAT YOU FIND OUT AT THE FIRST REVIEW
01 "Our anatomy library covers it"	Stock anatomy with guessed proportions. The first surgeon who watches spots it, and the film loses the audience it was made for.
02 "We can model it from photos"	The grip, the tip and the mechanism are redrawn. The animation sells a device you do not make.
03 "We will make it more persuasive"	The film implies outcomes your regulatory team never cleared, and it stalls in medical, legal and regulatory review.
04 "One film works for everyone"	Too technical for patients, too simple for surgeons, and no help to the sales team in between.
05 "Send feedback when it is done"	Comments arrive after rendering. Every change costs weeks, and the launch or the congress date moves.

You are not choosing a showreel. You are choosing a review process.

The twelve questions on the next two pages test that process. Each one maps to one of the failures above, and each has an answer you can check.



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THE TEST, PART ONE

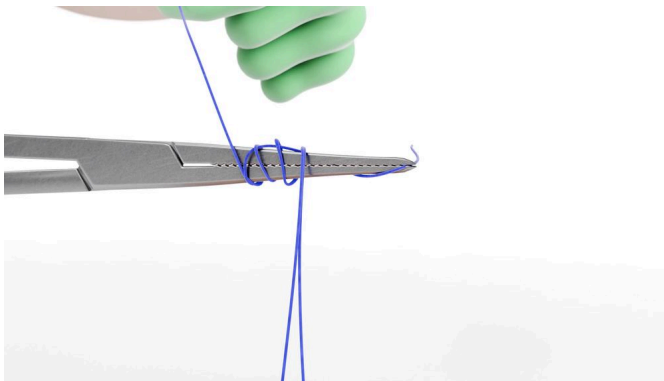
Questions 1 to 6: accuracy and review

Send these as they are. You are not looking for enthusiasm; you are looking for sources, names and dates. Vague answers are an answer too.

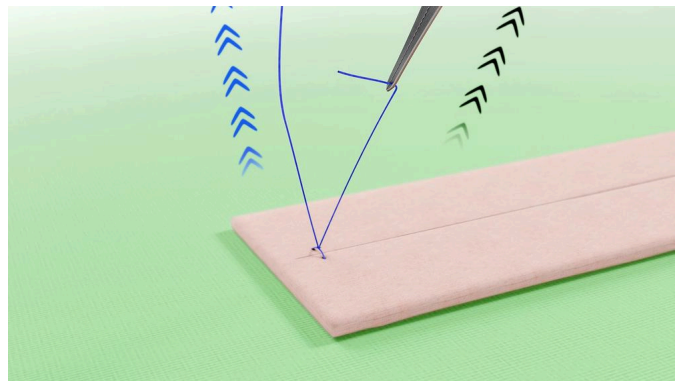
ASK THIS	A GOOD ANSWER SOUNDS LIKE	WALK AWAY IF
1. What do you need from us to start?	Audience, message, runtime and channels, plus CAD files, the technique guide or instructions for use, references and your brand guidelines.	"Just send us the script."
2. Where does the anatomy come from, and who checks it?	Built from the references, imaging and literature you approve; your clinical reviewer signs off the storyboard and key frames.	"Our anatomy library covers it."
3. How will you model our device?	From your CAD or engineering drawings, with every close-up checked against the real part.	"From photos of a similar one."
4. Will the film say anything we have not approved?	No. On-screen text and voice-over come from your cleared copy; the animation adds no claims.	"We will make it more persuasive."
5. At which steps do our medical and regulatory reviewers see it?	Script, storyboard, styleframes and animatic, all before the costly frames are rendered.	"When it is finished."
6. How many revision rounds are included, and what counts as one?	A fixed number per step, with a round defined as one consolidated list from all your reviewers.	"Unlimited revisions."

Why questions 2 and 5 matter most

Accuracy is not checked once at the end. It is built in at the storyboard and confirmed on styleframes and the animatic, when a correction takes an hour instead of a week of rendering.



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THE TEST, PART TWO

Questions 7 to 12: audience, files, team

ASK THIS

A GOOD ANSWER SOUNDS LIKE

WALK AWAY IF

7. One film, or one cut per audience?	One message per shot, and separate cuts for surgeons, sales teams and patients built from the same 3D assets.	"One film for everyone."
8. When would I see the storyboard and the first styleframe, counted from a complete brief?	A number of working days for each, and what "complete" means.	"As soon as possible" or no number.
9. How do labels, voice-over and languages work?	Text from your approved copy, and a version without burnt-in labels so every language can be added later.	"We burn the text into the render."
10. What exactly do you deliver?	A 16:9 master, cutdowns for each channel, loops for screens and high-resolution stills for print and slides.	"One MP4 file."
11. How do you keep a device that is not launched yet confidential?	An NDA, with files shared only with the artists working on your shots.	"Our portfolio shows everything we make."
12. Who exactly will make the film, and is any part passed on?	Named roles on the studio's own team, or an honest "yes, the voice-over" with the reason.	"Our network", a pause, or silence.

10 - 12

GOOD ANSWERS: HIRE, AND ASK FOR THE STORYBOARD DATE IN WRITING

7 - 9

ASK FOR ONE PAID STYLEFRAME BEFORE COMMITTING THE FILM

0 - 6

WALK AWAY, HOWEVER STRONG THE SHOWREEL LOOKS

The question studios dodge most often is number 12

Passing work on is common and not always bad. Hiding it is the problem, because nobody can fix anatomy your surgeon rejected with a team you are not allowed to talk to. Ask it plainly and listen to how long the answer takes.



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SEND IT

One email, three studios, one day

You do not need a call to run the test. Paste the email below, attach what you already have, and send it to the three studios on your shortlist at the same time. Replies arrive within a working day, and the difference between them is usually obvious by the second paragraph.

THE EMAIL TO SEND

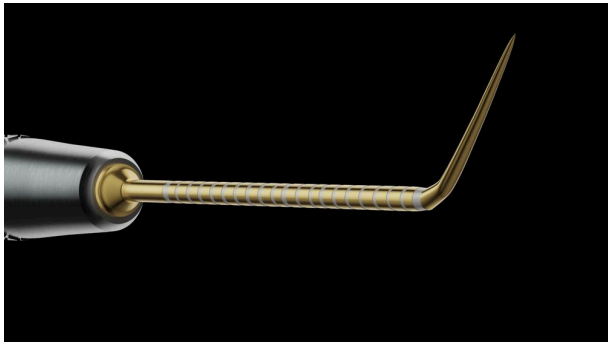
01	Subject	Medical animation for [device, procedure or mechanism], quote and twelve questions
02	Line 1	We need [a device film / a procedure animation / a mechanism of action / a patient explainer] of about [length] for [audience and channels] by [date].
03	Line 2	Attached: the CAD or drawings, the technique guide, references, the approved wording and our brand guidelines.
04	Line 3	Please answer the twelve questions below with names and working days, not ranges.
05	Line 4	Paste questions 1 to 12 from pages 03 and 04.
06	Line 5	We will decide within a week of receiving all three replies.

What good replies have in common

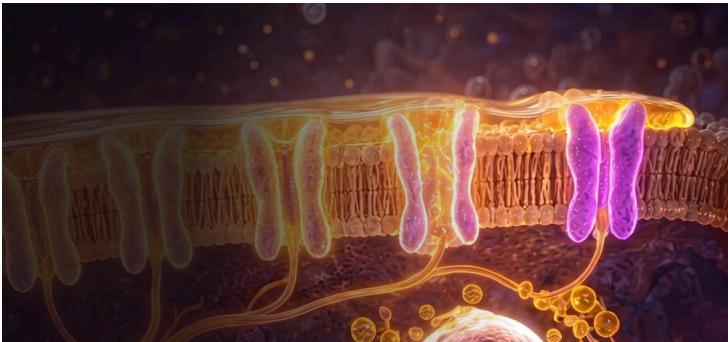
They are short. They answer in working days, name the people and the review steps, and ask you one or two questions back about your reviewers and your files.

What we would answer

Our own numbers are on the next page, in the same format, so you can score us with the same test.



Maverick Frame medical animation stills.



WHAT THINGS COST

Market rates and our terms, so you can check any quote

Ranges seen across the market in 2026, freelancer to studio. Use them to sanity-check any quote, including ours.

DELIVERABLE	FREELANCER	STUDIO
Single exterior still	\$100 - 300	\$250 - 600
Single interior still	\$120 - 350	\$300 - 700
Package of 5 - 8 views	\$600 - 1,500	\$1,500 - 4,000
Animation, per minute	\$1,000 - 3,000	\$3,000 - 8,000

Our standard timelines and revision terms. They are what we quote unless a project needs something else, and we say so before work starts.

STAGE OR DELIVERABLE	MAVERICK FRAME STANDARD
First draft of a still	3 to 5 working days from a complete brief
Finished stills, package of 5 - 8	2 to 3 weeks, drafts included
Animation, up to one minute	4 to 6 weeks, storyboard and preview first
Revision rounds included	Two at draft stage, one on the final image
What counts as a round	One consolidated list of comments, sent at once
Rush delivery	Half the time for about 40% more, when the schedule allows

Line up a studio before the deadline is on fire

The most expensive projects we see are not the badly briefed ones. They are the ones briefed in a panic, after the first supplier failed and the launch date did not move. Vet one or two studios while nothing is urgent.

A note on in-house: one artist needs around ten software subscriptions, a workstation and a stack of adjacent skills - modelling, lighting, post-production and client communication. It pays off only when that person is busy every day. Below that, the arithmetic favours outsourcing on its own.

NEXT

Send us the brief and the files

CAD files, a technique guide, references, approved wording or just a first draft of the brief, in whatever state. We reply with a scope, a price and the questions that decide them, in writing and without a sales call.

The contact form	maverickframe.com/contacts/
Medical animation	maverickframe.com/services/medical-animation/
Or simply	reply to the email this guide arrived in.

Written by the people who read these briefs

Dim Kuzmenko is the founder of Maverick Frame Studio. The figures in this guide come from our own inbox and our own rate card, not from an industry survey.