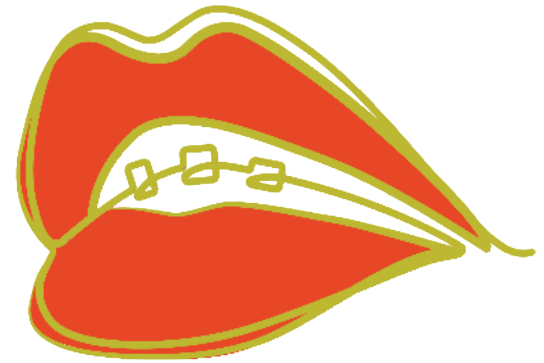


Dr. Blair

ORTHODONTICS



STYLE GUIDE

COLOR GUIDE



HEX #3da5bc | 7702 C



HEX #917dba | 2655 C



HEX #e64627 | Bright Red C



HEX #beb932 | 7765 C

LOGO VARIATIONS

Primary



Submarks





TYPOGRAPHY

The Headline

Aa

Gistery

The Subheadline

Aa

League Spartan Bold

Body copy

Aa

League Spartan Regulat

LOGO LAYOUTS



Never change the color of the logo.



Never change, stretch, or distort the form of the logo.



Never place the logo on a busy or distracting background.



BUSINESS CARD



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West Palm Beach, FL 33406



BLAIR COHEN, DMD
Orthodontist

LETTER HEAD



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BLAIR COHEN, DMD
Orthodontist



REFERRAL PAD



Patient Name: _____ Date: _____
Date of Birth: _____ Sex: Male Female
Phone Number: _____ Referred by: _____

Areas of Concern:

- | | | |
|--|--|---|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Spacing | <input type="checkbox"/> Overjet |
| <input type="checkbox"/> Openbite | <input type="checkbox"/> Crossbite | <input type="checkbox"/> Missing Teeth |
| <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Pre-prosthetics | <input type="checkbox"/> Orthognathic Surgery |
| <input type="checkbox"/> Overbite | <input type="checkbox"/> Space Maintenance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Early or Interceptive Treatment | | |

Dental History:

- Date of last cleaning and checkup _____
 Panoramic radiograph is available _____
 Restorative work needed _____

Comments or Special Instructions:

Patient Instructions: Please schedule your consultation/appointment through our website, phone number, or email found on the back of this referral card. We look forward to meeting you!



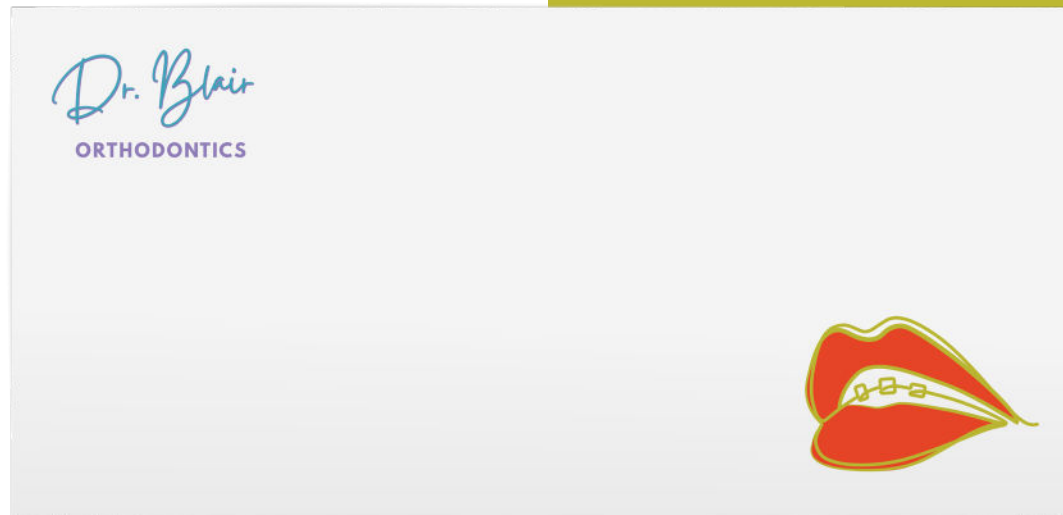
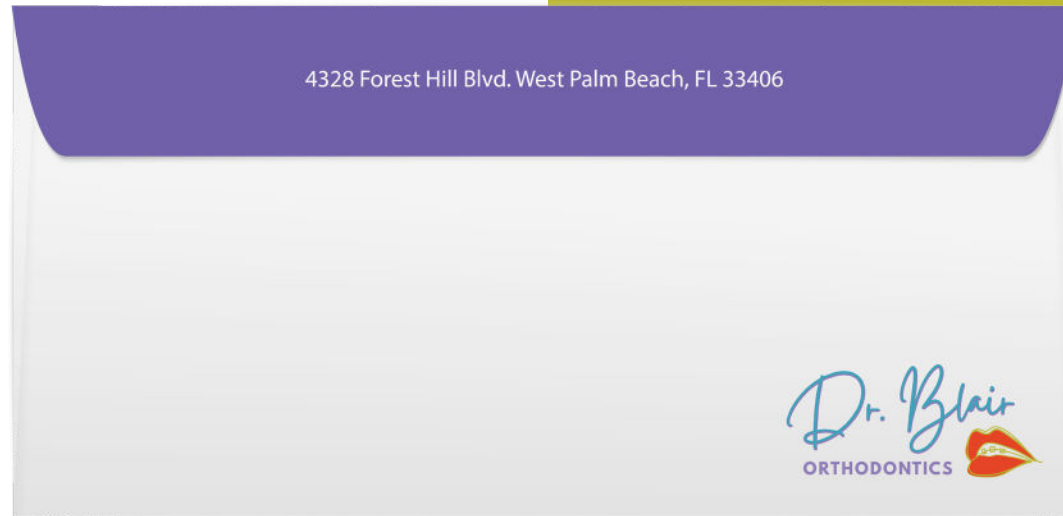
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ENVELOPE



FOLDER



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