



STYLE GUIDE

COLOR GUIDE



HEX #0F486B | 8483 C



HEX #EC8C27 | P 20-8 C



HEX #4D9CBA | 7703 U



HEX #F4BA32 | 7406 U



HEX #9BC8E4 | 283 UP

LOGO VARIATIONS

Primary (Circular)



Alternate (Stacked)



Secondary (Horizontal)



Submark (Icon)





✦ MODERN ✦ ORTHODONTICS

TYPOGRAPHY

The Headline

Aa

Dosis Medium

The Subheadline

Aa

Dosis Regular

Body copy

Aa

Barlow Light

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



✦ MODERN ✦
ORTHODONTICS



DR. HELIA JAFARI
Board Certified Orthodontist

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LETTER HEAD

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6543 E Spring St, Unit A6
Long Beach, CA 90808



MM/DD/YY

Dear Patient

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Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

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REFERRAL PAD



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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"/> Early or Interceptive Treatment | | <input type="checkbox"/> Other _____ |

Dental History:

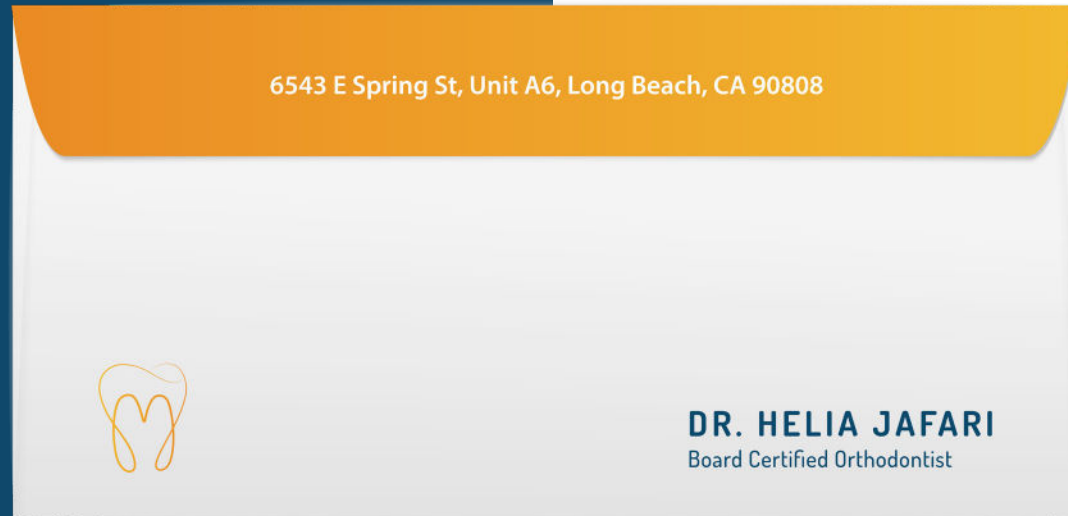
- Date of last cleaning and checkup _____
- Panoramic radiograph is available
- Restorative work needed

Comments or Special Instructions:

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ENVELOPE



FOLDER

