



REHIL

ORTHODONTICS

STYLE GUIDE

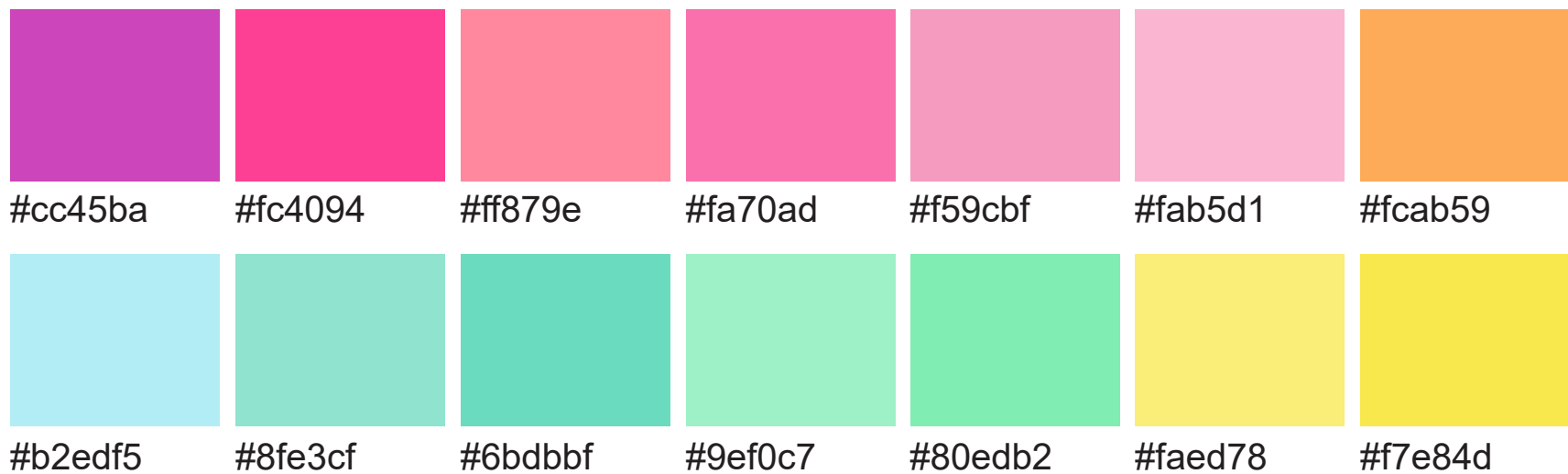


COLOR GUIDE

Primary Colors



Secondary Colors





TYPOGRAPHY

Aa

The Headline

Abadi MT Std Regular

Aa

The Subheadline

Neue Haas Grotesk Light

Aa

Body Copy

Calibri Regular

LOGO VARIATIONS

Main Logo



Black Version



White Version



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

Sonali Rehil, DDS, MBA

Board Certified Orthodontist



(818) 570-6644



(818) 928-6523



Info@rehilortho.com



rehilorthodontics.com



6325 Topanga Canyon Blvd
Suite 235, Woodland Hills, CA 91367



REHIL
ORTHODONTICS

LETTERHEAD



REFERRAL PAD





Patient Name: _____ **Date:** _____

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

Phone Number: _____ **Referred by:** _____

Areas of Concern:

☐ Crowding	☐ Spacing	☐ Overjet
☐ Openbite	☐ Crossbite	☐ Missing Teeth
☐ Impacted Teeth	☐ Pre-prosthetics	☐ Orthognathic Surgery
☐ Overbite		☐ Space Maintenance
☐ Early or Interceptive Treatment		☐ Other _____

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 below. We look forward to meeting you!

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REFERRAL PAD



Introducing _____

Referred by Dr. _____ Date _____

Reason For Referral:

☐ Crowding/Spacing ☐ Overjet/Overbite ☐ Crossbite
☐ Missing Tooth ☐ Impacted Tooth ☐ Space Maintenance
☐ Habit Correction ☐ Jaw Discrepancy ☐ Other

Remarks: _____

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

Appointment

Day _____ Date _____ Time _____

Sonali Rehil, DDS, MBA





We Validate Parking

Topanga Canyon Blvd.

Venture Fwy.

enter

enter

Victory Blvd.

S

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ENVELOPE



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