



V A L L E Y
ORTHODONTICS

STYLE GUIDE

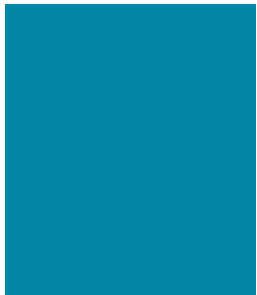
COLOR GUIDE



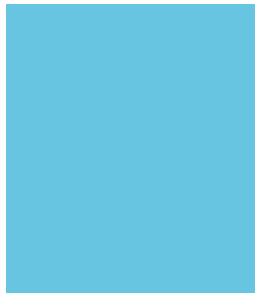
HEX #f4b12e | 130 C



HEX #1d4991 | 7687 C



HEX #0387a7 | 3135 C



HEX #67c5e1 | 0821 C

LOGO VARIATIONS

Primary



VALLEY
ORTHODONTICS

Secondary



VALLEY
ORTHODONTICS

Alternate



Submark





VALLEY
ORTHODONTICS

TYPOGRAPHY

The Headline

Aa

Raleway Bold

The Subheadline

Aa

Raleway Semibold

Body copy

Aa

Prompt

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



VALLEY
ORTHODONTICS

Lew B. Sample, DMD, MS

Board Certified Orthodontist

 (256) 355-5255

 drlew@valleyorthoal.com

 • 2014 Danville Park Dr. SW Decatur, AL 35603
• 220 Karl Prince Dr. Hartselle, AL 35640

 valleyorthodonticsal.com

LETTER HEAD



00, Month, Year

Dear Patient,


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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"/> 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:

Patient Instructions: Please schedule your consultation or appointment through our website, phone number, or email found below. We look forward to meeting you!

(256) 355-5255

admin@valleyorthoal.com

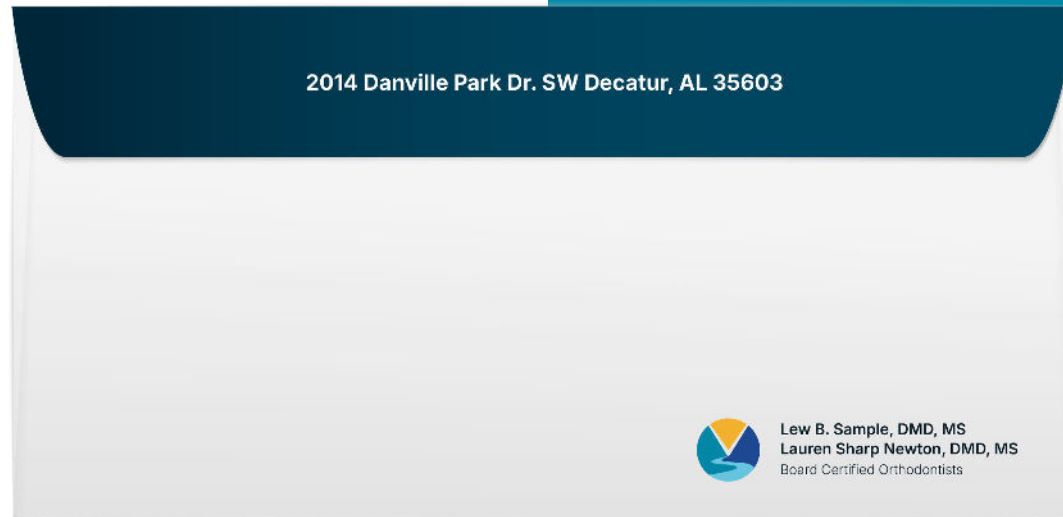
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ENVELOPE



FOLDER

