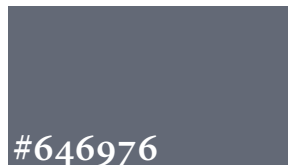
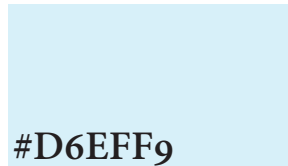




CLEAR SUITE
ORTHODONTICS

style guide

COLOR GUIDE



LOGO VARIATIONS





CLEAR SUITE
ORTHODONTICS

Typography

The Headline

Aa

Helvetica Bold

The Subheadline

Aa

Helvetica Regular

Body copy

Aa

Helvetica 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





MM/DD/YY

Dear Patient

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Suspendisse malesuada quis nisl vitae mollis. Integer commodo sem vel orci efficitur aliquet. Nulla nulla ante, efficitur sed ultricies id, maximus ac sem. Sed orci dui, dignissim id interdum id, fermentum a mauris. Praesent vestibulum ultricies metus, ac lacinia erat auctor blandit. Integer ut euismod tellus. Sed mi elit, rhoncus sit amet lectus ac, ornare rhoncus odio. Etiam arcu ex, lobortis ac nisl vitae, sagittis tincidunt magna. Phasellus gravida erat dolor. Vestibulum vulputate nulla et sem malesuada vestibulum.

Ut pellentesque nisi nec purus rutrum ornare in sed felis. Nullam convallis fermentum lectus, a viverra tellus condimentum sed. Aliquam tempus quis mi eu consectetur. Quisque ligula nibh, semper sed tristique eget, vehicula vitae ante. Duis non sollicitudin risus. Etiam enim tortor, auctor at lacinia sit amet, condimentum eu odio. Sed sit amet eleifend sapien. Donec sed eros metus. Suspendisse quis orci sapien. Vestibulum mauris felis, molestie et efficitur quis, sollicitudin vel risus. Maecenas tempor enim eget lacus tempus, in finibus magna auctor. Sed sapien massa, dignissim vitae lectus sed, fringilla mattis justo.

Vestibulum at urna nec massa hendrerit imperdiet sed non mauris. Pellentesque dui nibh, efficitur id pellentesque venenatis, pellentesque at sem. Quisque vitae ornare est. Curabitur efficitur leo ante, vel hendrerit justo dapibus sed. Morbi nec ante porttitor, rutrum metus non, condimentum libero. Orci varius natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Mauris tempor laoreet ante, vitae gravida lorem facilisis et. Integer fermentum tempor sem, id pellentesque turpis ultrices eget. Duis condimentum enim vel aliquet euismod. Morbi non laoreet ex, eu euismod quam.

Zachary Lawrence, DMD, MSD

Founder and Chief Orthodontist



Introducing : _____

Date of Birth : _____ / _____ / _____ Gender : Male Female

Referred by Dr. : _____

Office Number : _____

Patient Phone Number : _____

REASON FOR REFERRAL

- | | |
|--|--|
| <input type="checkbox"/> Aligner Treatment | <input type="checkbox"/> Airway |
| <input type="checkbox"/> Facial Development | <input type="checkbox"/> TMJ Dysfunction |
| <input type="checkbox"/> Dental Malocclusion | <input type="checkbox"/> Trauma |

Comments or Special Instructions : _____

Date of Referral : _____

Dental Restorations :

- | | |
|--|--|
| <input type="checkbox"/> Have been attempted | <input type="checkbox"/> Have not been attempted |
|--|--|

Radiographs :

- | | |
|--|--|
| <input type="checkbox"/> Will be emailed | <input type="checkbox"/> Will be sent with patient |
| <input type="checkbox"/> Are not available | <input type="checkbox"/> Date of radiograph: _____ |

Doctor Signature