



*Style Guide*

## COLOR GUIDE



#F2D021

#D9AA1E

#DA831A

#A66009



HEX #36B6AA | 3258 C



HEX #1E8FA2 | 315 C



HEX #BCC453 | 585 C



#005E7A | 7707 C



#4D2A7E | 267 C



#14158F | 2738 C

## LOGO VARIATIONS

*Primary (Circular)*



*Secondary (Horizontal)*



*Alternate (Stacked)*





## TYPOGRAPHY

The Headline

The Subheadline

Body copy

*Aa*

Pinyon Script

**Aa**

Barlow Medium

**Aa**

Barlow Regular

## LOGO LAYOUTS



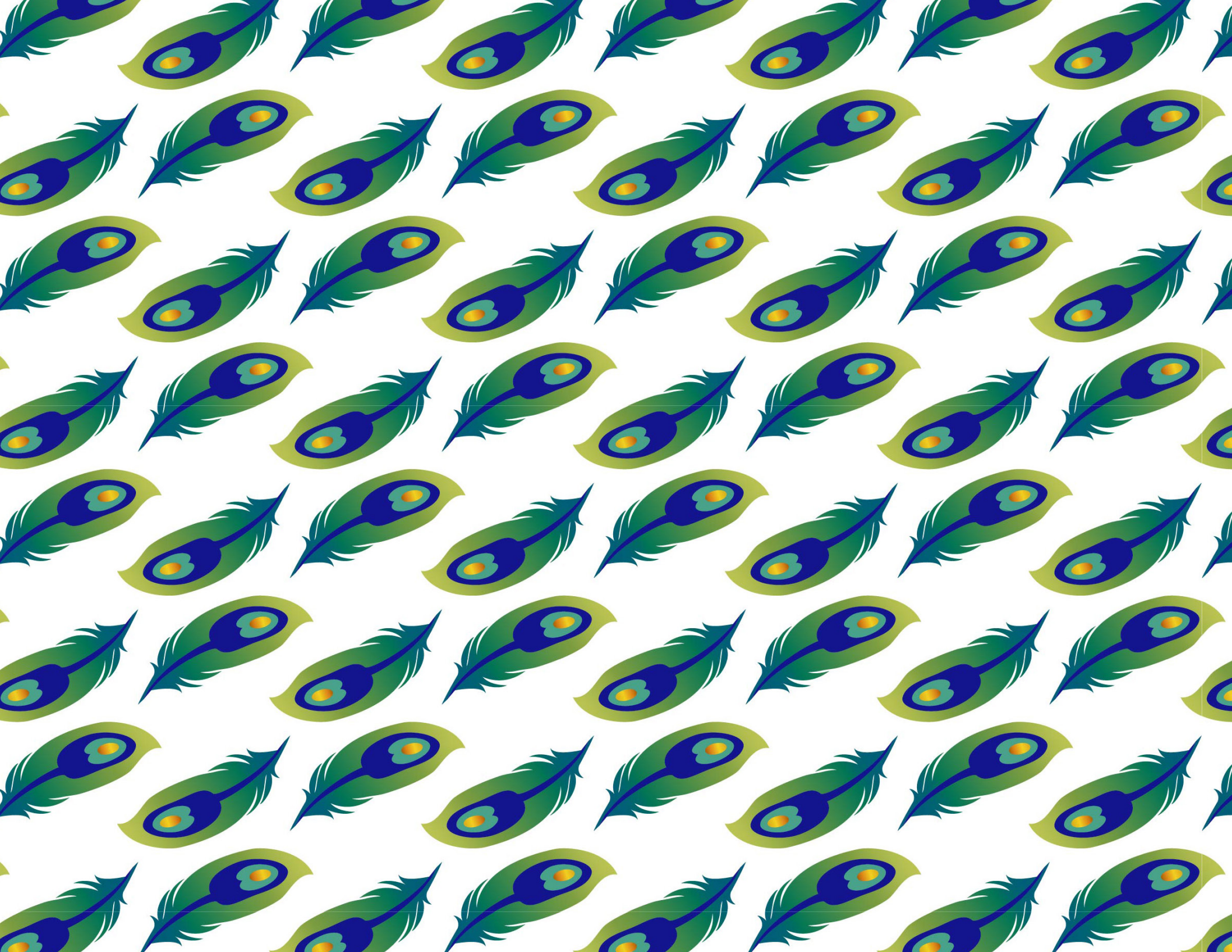
Never change the color of the logo.



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




Never place the logo on a busy or distracting background.



# BUSINESS CARD



**Mallory Scott DMD, MSD**  
Orthodontist

 (803) 788-7000

 [IndigoSmiles.com](https://www.IndigoSmiles.com)

 4233 Devine Street, Columbia, SC 29205

 5 Office Park Court, Columbia, SC 29223



# LETTER HEAD



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MM/DD/YY

## Dear Patient

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Orthodontist

# REFERRAL PAD



**Mallory Scott DMD, MSD**

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ 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"/> Orthognatic 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



# ENVELOPE

