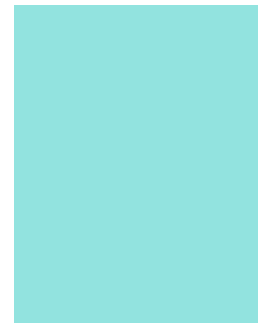
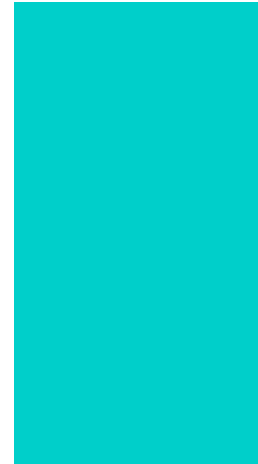


# PROVIDENCE PEDIATRIC DENTISTRY & ORTHODONTICS



## Style Guide

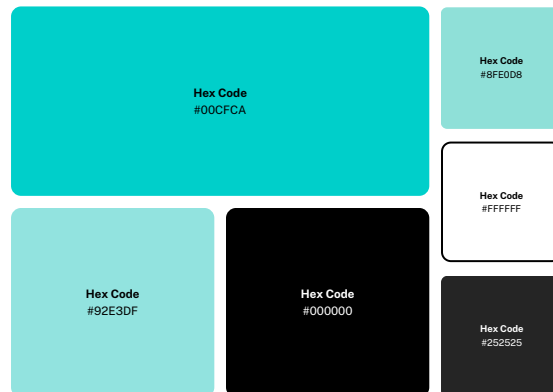
Creative Instruction



# Logo

To help make the look more modern, clean, and flexible, we created a flat version of the Providence PDO logo with the following variations. The usage of these logos will depend on the layout and colors of the art and image itself.

## Colored



## Wrong Layout



Never change the color of the logo.

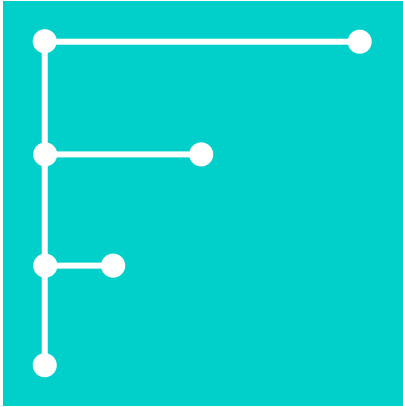


Never change, stretch or distort the form of the logo.

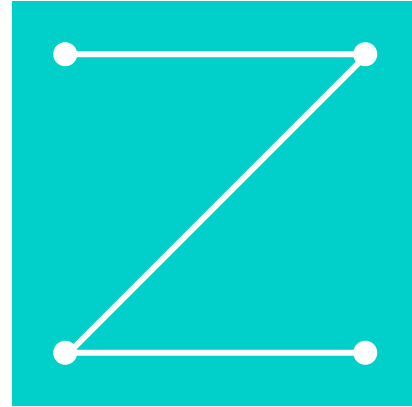


Never place the logo on a busy or distracting background.

## Logo Visual Hierarchy

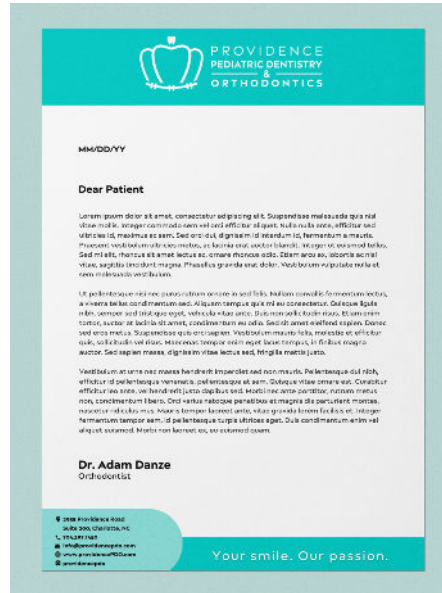


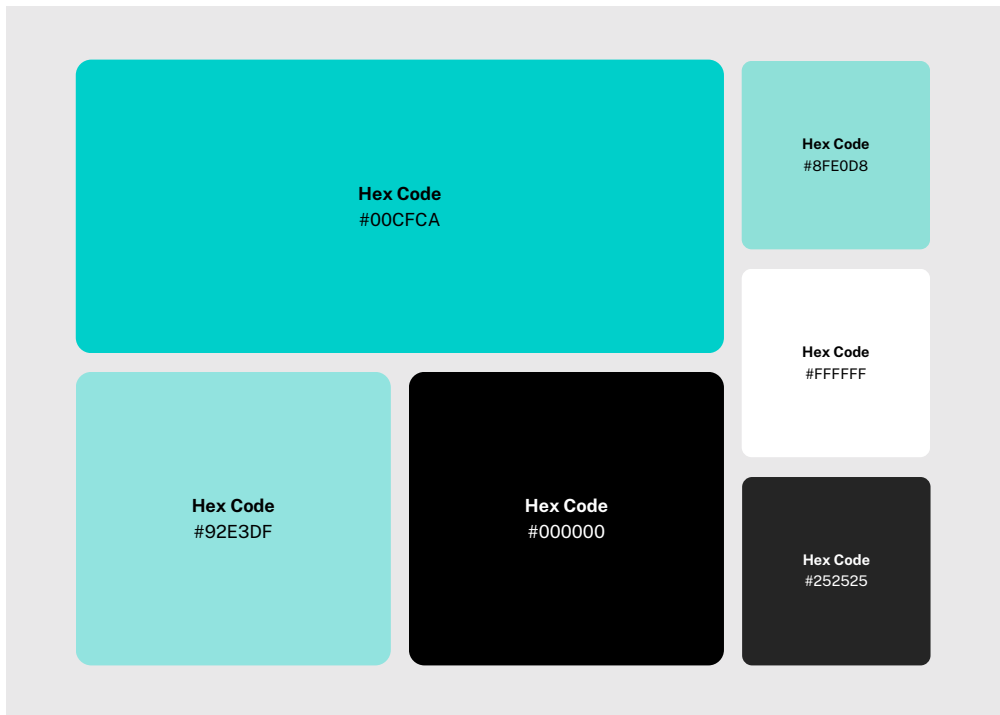
F-pattern is applied to designs with a big amount of content. It is also the most common eye-scanning pattern as it drives user-engagement in a more natural & comfortable manner.



Z-pattern is applied to designs which are not so heavily concentrated on the copy. It tackles the 4 of the big principles of an effective design for branding, hero image, content, call to action.

## Logo Visual Hierarchy





## Color Pallete

These colors reflect our brand's identity and personality

# Font

## Matteo Bold

For Headers

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
Zabcdefghijklmnopqrstuvwxyz1234  
567890!@#%^&\*()

## Matteo Medium

For Subheaders and Paragraphs

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz123456  
7890!@#%^&\*()



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PEDIATRIC DENTISTRY  
&  
ORTHODONTICS

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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.

**Dr. Adam Danze**  
Orthodontist

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Your smile. Our passion.

Adam G. D.  
Orthodontist  
**Kaitlin Laxer Danze**  
Pediatric Dentist



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**PEDIATRIC DENTISTRY**  
**&**  
**ORTHODONTICS**

*Specializing in*  
Dental Care for infants, children and adolescents.  
Orthodontics for all ages.

Introducing : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender : ☐ Male ☐ Female  
Referred by Dr. : \_\_\_\_\_  
Office Number : \_\_\_\_\_  
Patient Phone Number : \_\_\_\_\_

#### REASON FOR REFERRAL

- |  |   |
|--|---|
| <input type="checkbox"/> 1st Dental Visit                            | <input type="checkbox"/> Restoration Needs      |
| <input type="checkbox"/> Special Needs                               | <input type="checkbox"/> Extraction             |
| <input type="checkbox"/> Orthodontics                                | <input type="checkbox"/> Trauma/Emergency Visit |
| <input type="checkbox"/> Behavior Management/Nitrous Oxide/ Sedation |   |

Comments or Special Instructions : \_\_\_\_\_  
\_\_\_\_\_

Date of Referral : \_\_\_\_\_

#### Dental Restorations:

- ☐ Have been attempted ☐ Have not been attempted

#### Radiographic:

- ☐ Will be emailed ☐ Will be sent with patient  
☐ Are not available ☐ Date of radiograph : \_\_\_\_\_

\_\_\_\_\_  
Doctor Signature

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