



CEDAR PARK
SMILES

Style Guide | 2025

LOGO VARIATIONS



CEDAR PARK
SMILES

Primary



CEDAR PARK
SMILES

Secondary



Submark



Alternative

TYPOGRAPHY AND ASSETS

Montserrat Bold

Primary Font | Headline

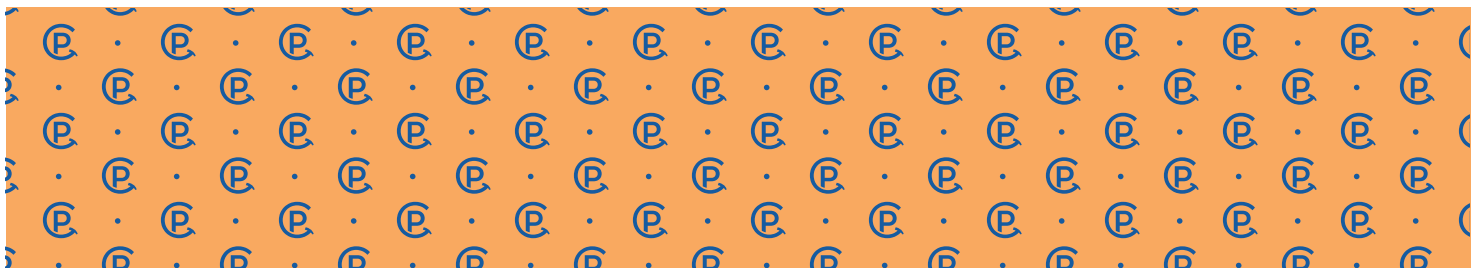


Montserrat Semibold

Secondary Font | Subheadline

Raleway Light

Complementary Font | Body copy



COLOR PALETTE



#12254b | 655 C



#0b5a9f | 2935 C



#009dde | 2925 C



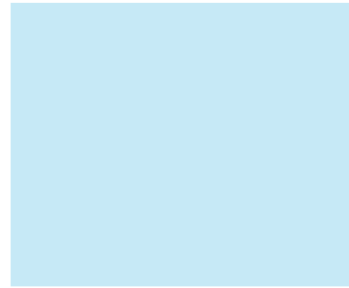
#faaa61 | 714 C



#00a0b5 | 7711 C



#65c9d6 | 3105 C



#c7e9f6 | 290 C



CEDAR PARK SMILES

512-219-1389
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100 N. Lakeline Blvd., Cedar Park, TX 78613

Patient Name: _____
Date of Birth: _____ Patient Phone No.: _____
Referred by: _____ Date: _____

Areas Of Concern:

<input type="checkbox"/> Crowding	<input type="checkbox"/> Impacted Tooth/Teeth # _____	<input type="checkbox"/> Pre-prosthetics
<input type="checkbox"/> Spacing	<input type="checkbox"/> Missing Tooth/Teeth # _____	<input type="checkbox"/> Orthognathic Surgery
<input type="checkbox"/> Overjet	<input type="checkbox"/> Early or Interceptive Treatment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Overbite	<input type="checkbox"/> Space Maintenance	_____
<input type="checkbox"/> Crossbite		_____
<input type="checkbox"/> Open Bite		_____

Dental History:

Date of last cleaning and checkup _____
 Panoramic radiograph is available
 Restorative work needed (Please detail below)

Comments or Special Instructions: