

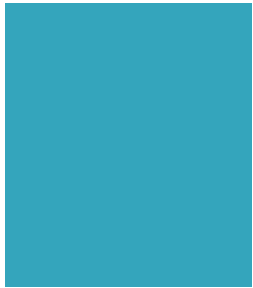
Dr. Blair

ORTHODONTICS



STYLE GUIDE

## COLOR GUIDE



HEX #3da5bc | 7702 C



HEX #917dba | 2655 C



HEX #e64627 | Bright Red C



HEX #beb932 | 7765 C

## LOGO VARIATIONS

*Primary*



*Submarks*





## TYPOGRAPHY

The Headline

*Aa*

**Gistery**

The Subheadline

**Aa**

**League Spartan Bold**

Body copy

**Aa**

League Spartan Regulat



# 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



 561-867-1140  
 [drblairorthodontics.com](http://drblairorthodontics.com)  
 [drblair@drblairorthodontics.com](mailto:drblair@drblairorthodontics.com)  
 4328 Forest Hill Blvd.  
West Palm Beach, FL 33406



**BLAIR COHEN, DMD**  
Orthodontist

# LETTER HEAD



 561-867-1140

 [drblairorthodontics.com](http://drblairorthodontics.com)

 [drblair@drblairorthodontics.com](mailto:drblair@drblairorthodontics.com)

 4328 Forest Hill Blvd.  
West Palm Beach, FL 33406

  
**BLAIR COHEN, DMD**  
Orthodontist



# 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"/> Other _____          |
| <input type="checkbox"/> Early or Interceptive Treatment |  |   |

**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/appointment through our website, phone number, or email found on the back of this referral card. We look forward to meeting you!*



561-867-1140

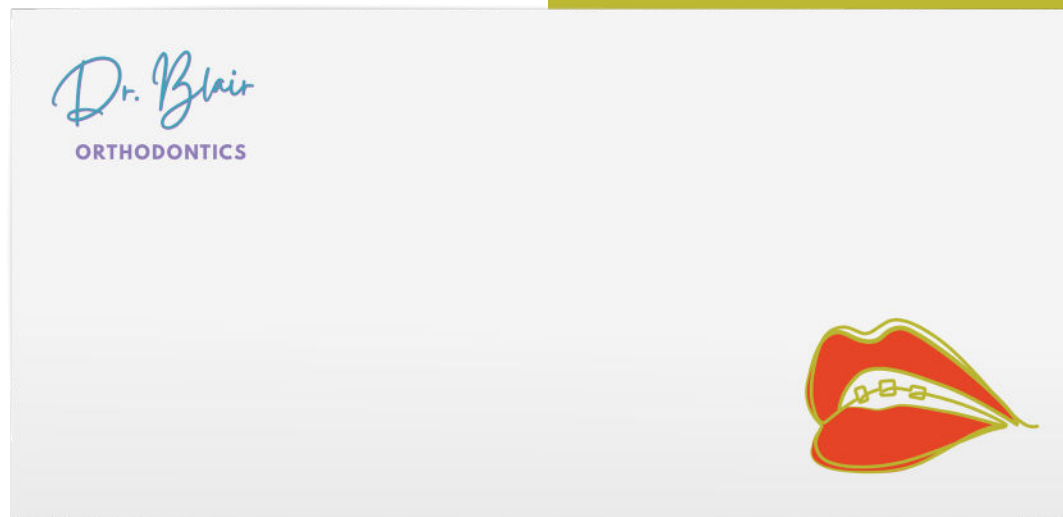
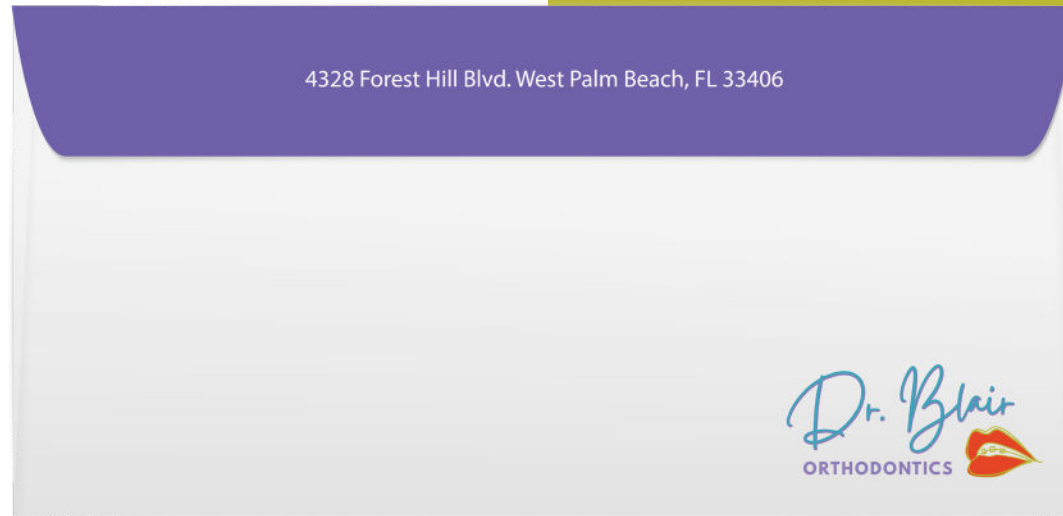
drblair@drblairorthodontics.com

4328 Forest Hill Blvd.  
West Palm Beach, FL 33406

drblairorthodontics.com



# ENVELOPE



# FOLDER



Dr. Blair  
ORTHODONTICS



561-867-1140  
4328 Forest Hill Blvd.  
West Palm Beach, FL 33406

drblair@drblairorthodontics.com  
drblairorthodontics.com