

*Katy Park*

**PEDIATRIC DENTISTRY  
& ORTHODONTICS**



**STYLE GUIDE**

## COLOR GUIDE



HEX #fdf196 | 601 C



HEX #cfd66f | 374 C



HEX #a1cfbe | 565 C



HEX #254e26 | 357 C



HEX #f15b5f | 178 C



HEX #131212 | Neutral  
Black C

## LOGO VARIATIONS

*Primary*

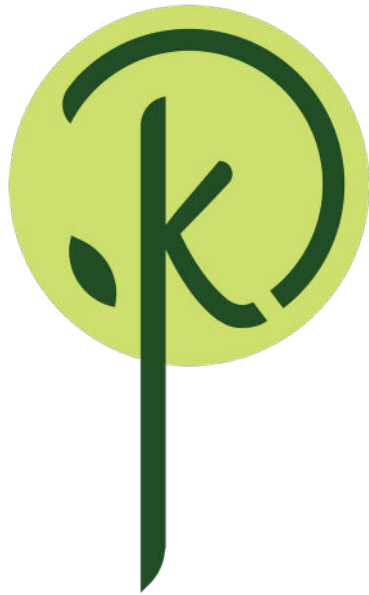


*Secondary*



*Submark*





*Katy Park*

**PEDIATRIC DENTISTRY  
& ORTHODONTICS**

The Headline

The Subheadline

Body copy

*Aa*

Gistlesy

**Aa**

Myriad Pro semibold

Aa

Myriad Pro Regular



# LOGO LAYOUTS



Never change the color of the logo.

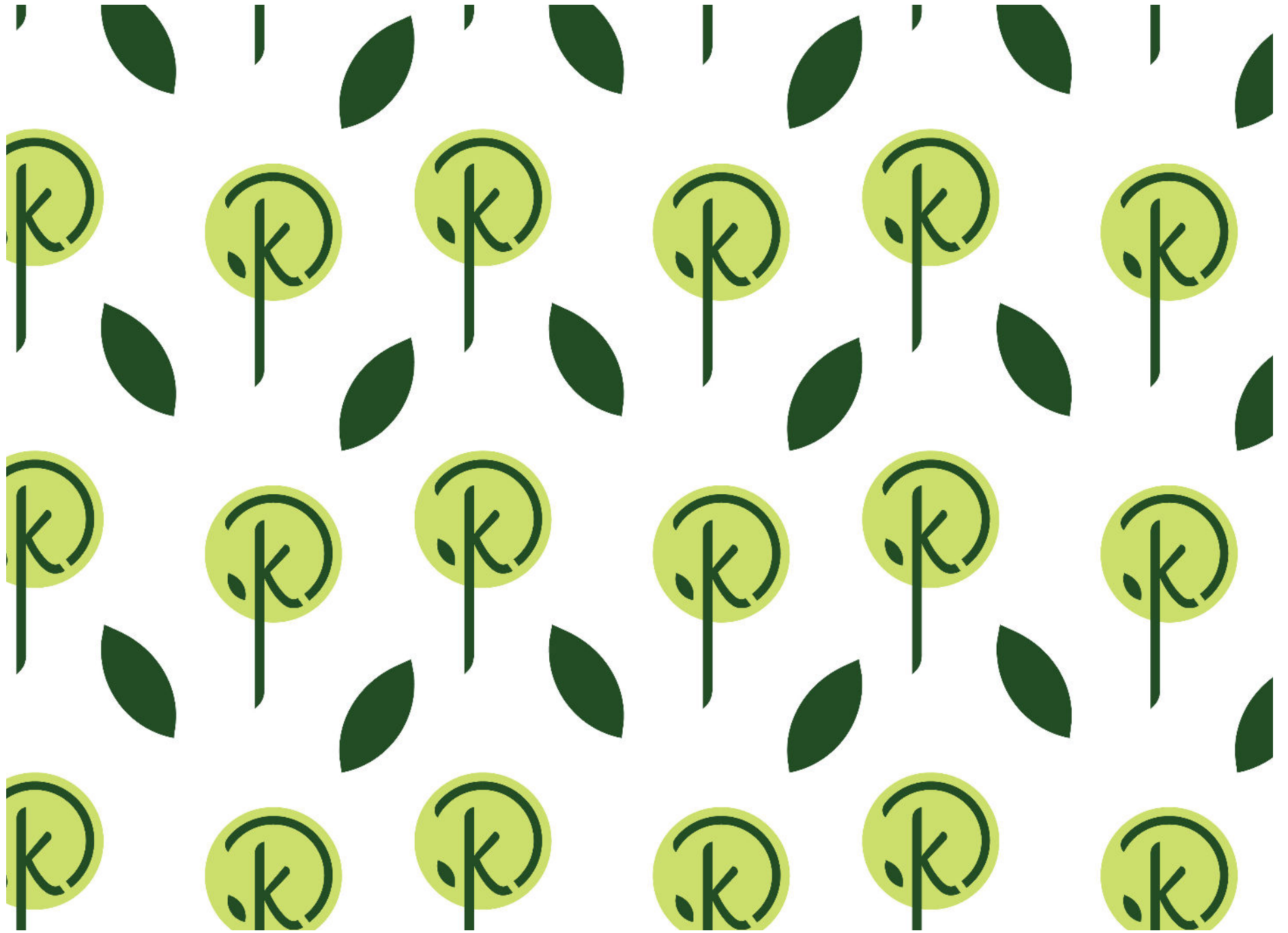


Never change, stretch, or distort the form of the logo.



Never place the full color logo on a busy or distracting background.





# BUSINESS CARD

 **Amir Davoody, DMD, MS**  
Board Certified Orthodontist

 281-462-9188

 Davoody@KatyPark.com

 23027 Morton Ranch Rd, Ste T, Katy, TX 77449

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



# LETTER HEAD



January 00, 0000

**Dear Patient,**

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# REFERRAL PAD



Introducing: \_\_\_\_\_

Referred By: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**Clinical Findings (Please check all that apply):**

- Crowding
- Spacing
- Other \_\_\_\_\_
- Rotation(s)
- Overjet
- Overbite
- Crossbite

**Please call our office for a complimentary New Patient Consultation.**

**West University Office | (713) 667-2222**  
4191 Bellaire Blvd., Suite 275 Houston, TX 77025

**Memorial Office | (713) 464-7777**  
9412 Gaylord Drive, Houston, TX 77024

**Davoody & Hablinski Office | (713) 521-2727**  
5311 Kirby Drive, Suite 209, Houston, TX 77005



Scan to schedule an appointment online.



Introducing: \_\_\_\_\_

Referred By: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

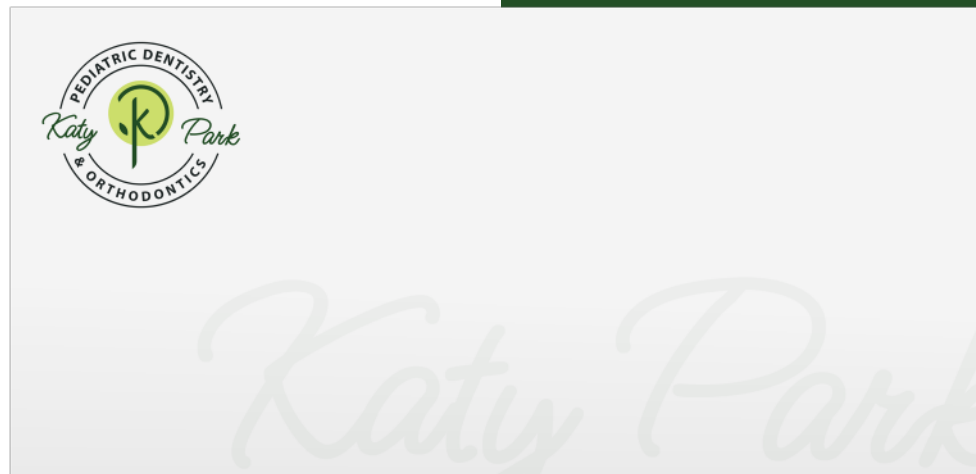
**We are referring the patient above to Katy Park Pediatric Dentistry & Orthodontics for the following reason(s):**

- Initial/First Visit
- Extractions
- Other \_\_\_\_\_
- Parental Request
- Habit Therapy
- Multiple Cavities/Extractions
- Nitrous Oxide/Sedation

**Thank you for your referral. We appreciate your trust in allowing us to be a part of your patient's dental care.**



# ENVELOPE



# FOLDER

