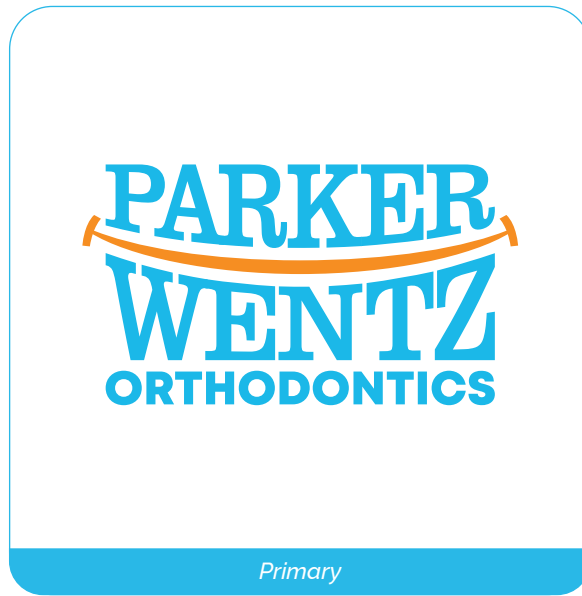
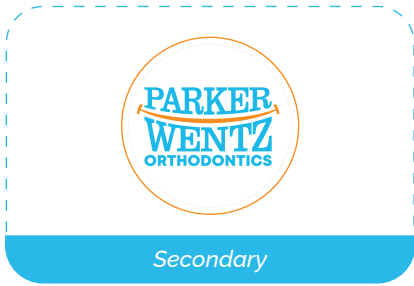


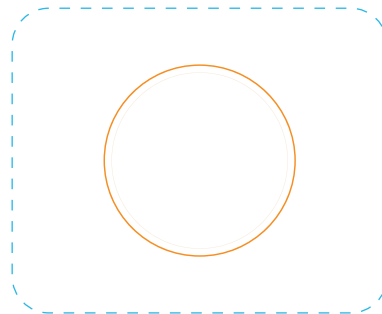
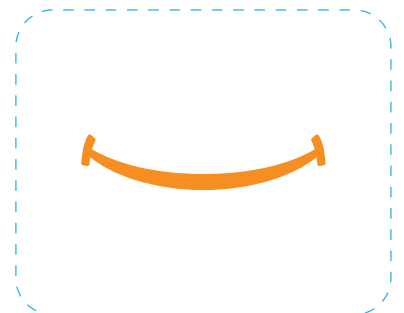


Style Guide | 2025

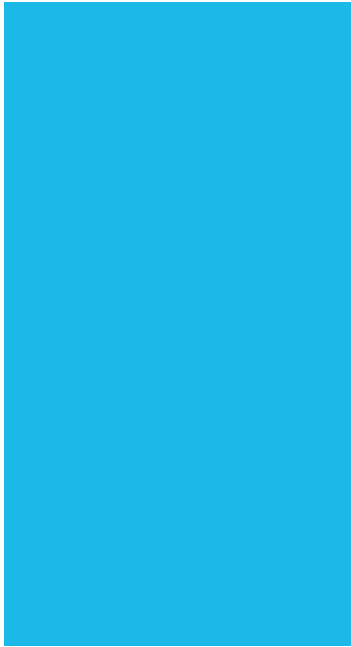
LOGO VARIATIONS



TYPOGRAPHY AND ASSETS



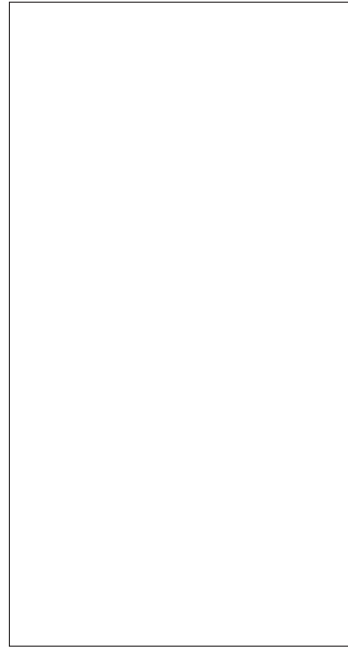
COLOR PALETTE



#18b7e6 | 306 C



#f78f22 | 715 C



#ffffff



#231f20 | Neutral Black C



PARKER WENTZ ORTHODONTICS

806-412-0142
info@parkerwentzorthodontics.com
parkerwentzorthodontics.com
1006 Hobbs Hwy Ste A, Seminole, TX 79360

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:

Scan to schedule an appointment online