



**VALLEY**  
**ORTHODONTICS**

**STYLE GUIDE**

## COLOR GUIDE



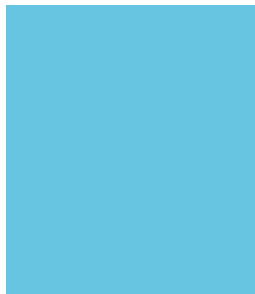
HEX #f4b12e | 130 C



HEX #1d4991 | 7687 C



HEX #0387a7 | 3135 C



HEX #67c5e1 | 0821 C

## LOGO VARIATIONS

*Primary*



**VALLEY**  
**ORTHODONTICS**

*Secondary*



**VALLEY**  
**ORTHODONTICS**

*Alternate*



*Submark*





**VALLEY**  
**ORTHODONTICS**

## TYPOGRAPHY

The Headline

**Aa**

**Raleway Bold**

The Subheadline

Aa

Raleway Semibold

Body copy

Aa

Prompt

## 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



**VALLEY**  
**ORTHODONTICS**

**Lew B. Sample, DMD, MS**

Board Certified Orthodontist

 (256) 355-5255

 [drlew@valleyorthoal.com](mailto:drlew@valleyorthoal.com)

 • 2014 Danville Park Dr. SW Decatur, AL 35603  
• 220 Karl Prince Dr. Hartselle, AL 35640

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

# LETTER HEAD



00, Month, Year

**Dear Patient,**


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

**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 or appointment through our website, phone number, or email found below. We look forward to meeting you!

(256) 355-5255

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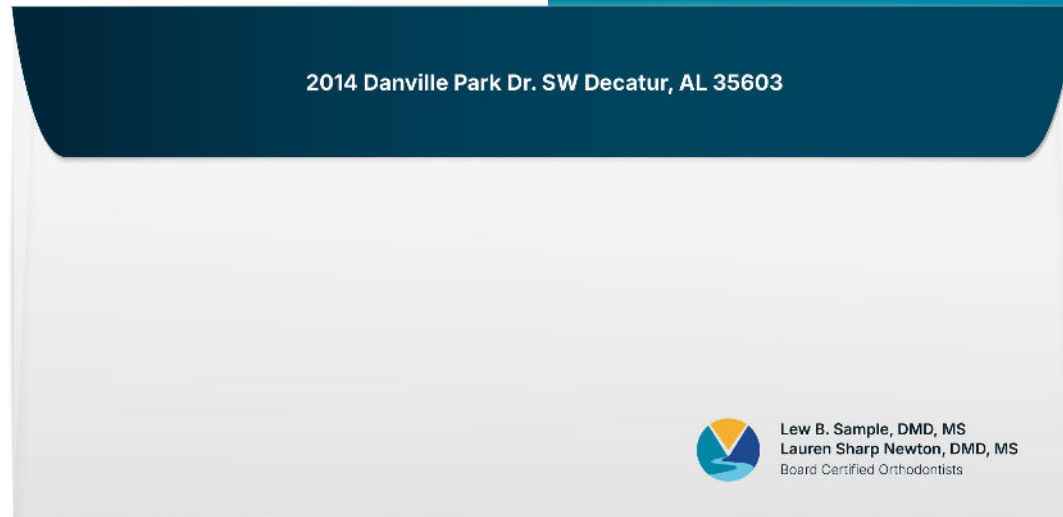
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# ENVELOPE



# FOLDER

