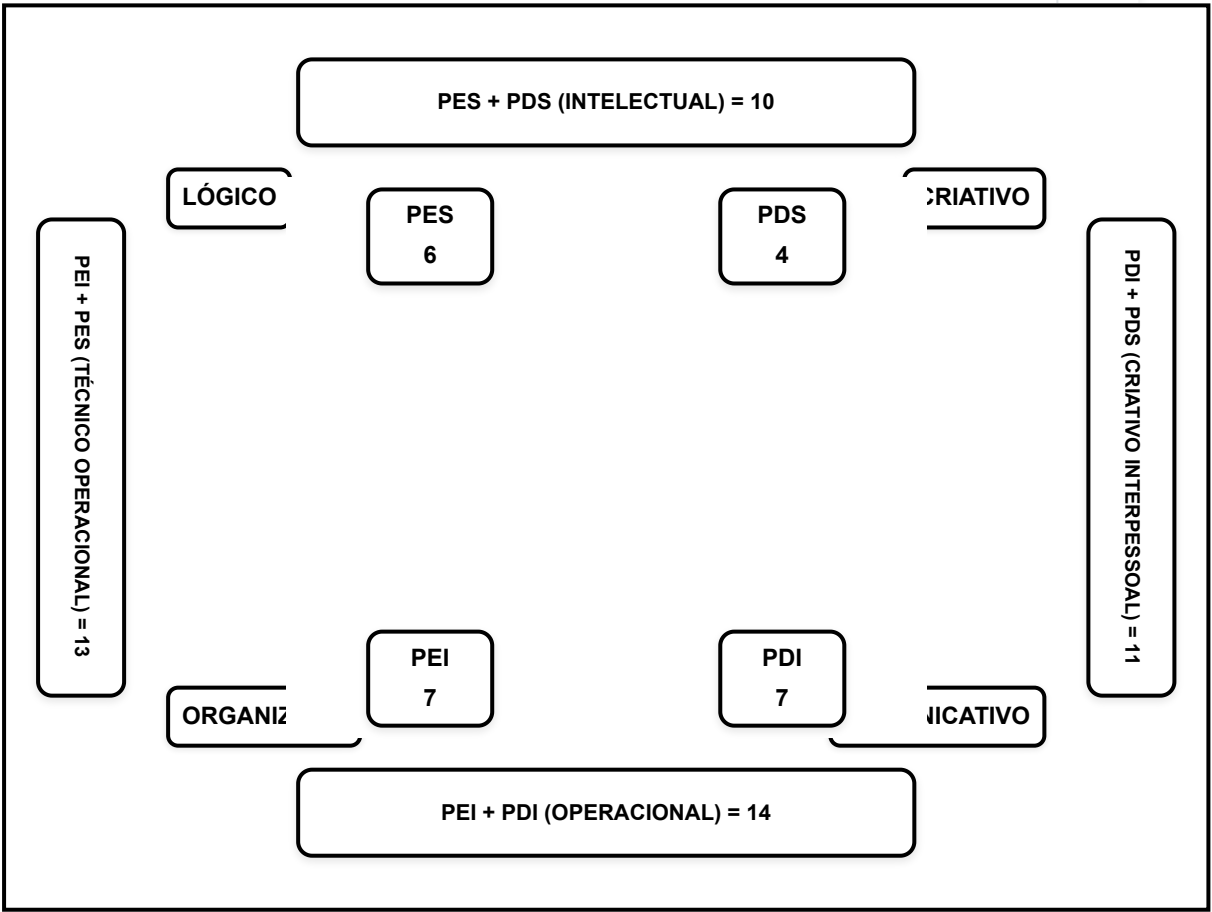


# Dr. Jou

**Nome:** Guilherme

**Data:** 25/09/2025

## Mapeamento Cerebral



Teste de Tiro:

✓ 1 | ✗ 2 | ✓ 3 | ✗ 4