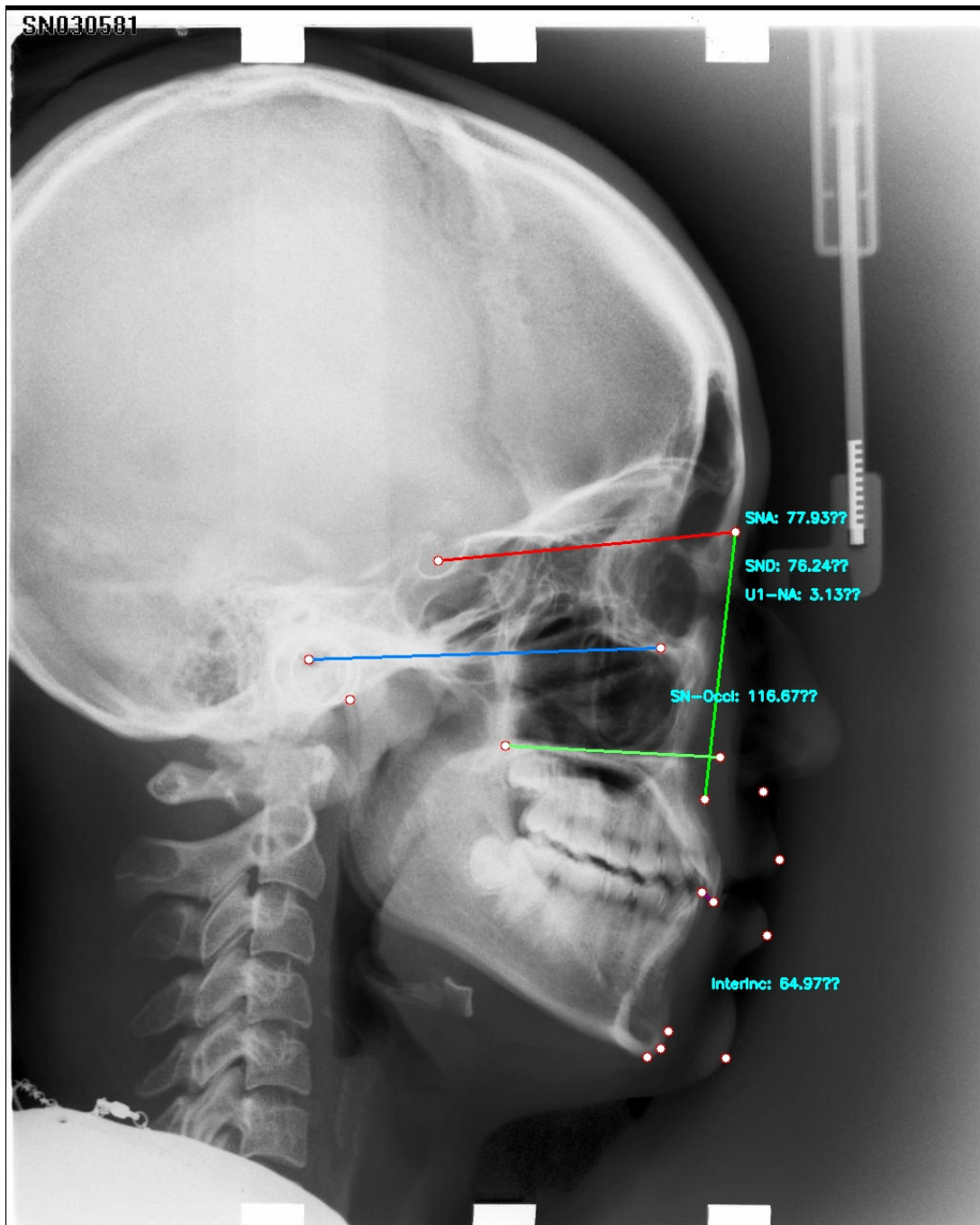


# Cephalometric Analysis Report

Doctor Name:	doctor
Phone:	+963955479184
Address:	Not available
Clinic:	Clinic1
Patient Name:	■■■■■
Appointment Date:	2025-04-30
Time:	17:38

## Steiner Analysis Image:



### Diagnosis:

Not available

### Additional Notes:

Not available

### Prescriptions:

Not available

### Doctor's Signature:

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