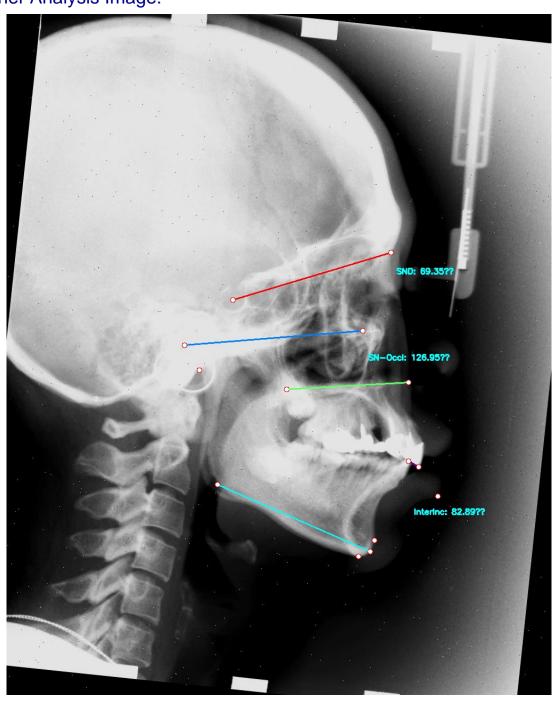
## **Cephalometric Analysis Report**

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

## Steiner Analysis Image:



Not available
Additional Notes:
Not available
Prescriptions:
Not available
Doctor's Signature:

Diagnosis: