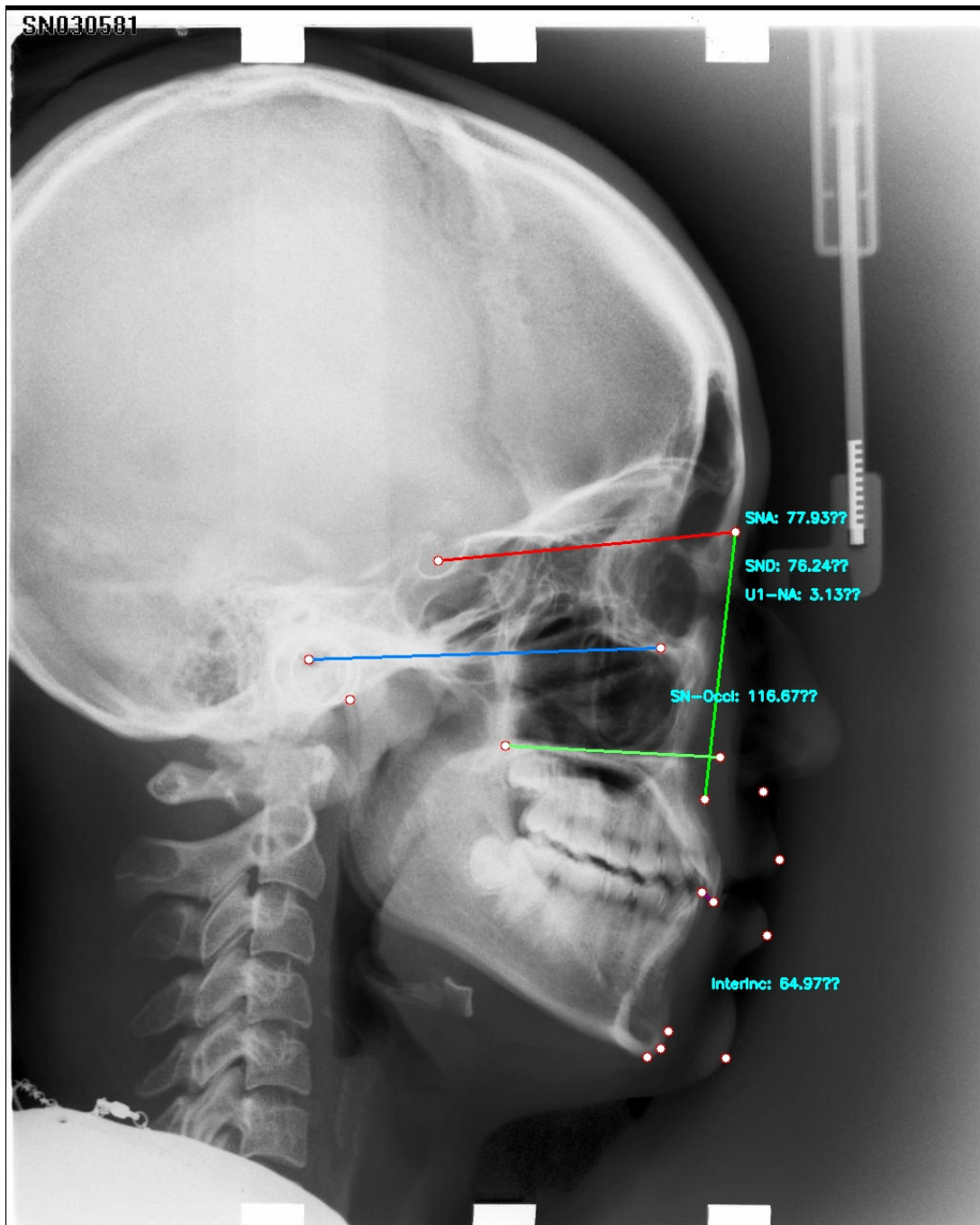


# Cephalometric Analysis Report

|                   |               |
|-------------------|---------------|
| 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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