



STEREOTAXIS™

Pioneering Endovascular Robotics

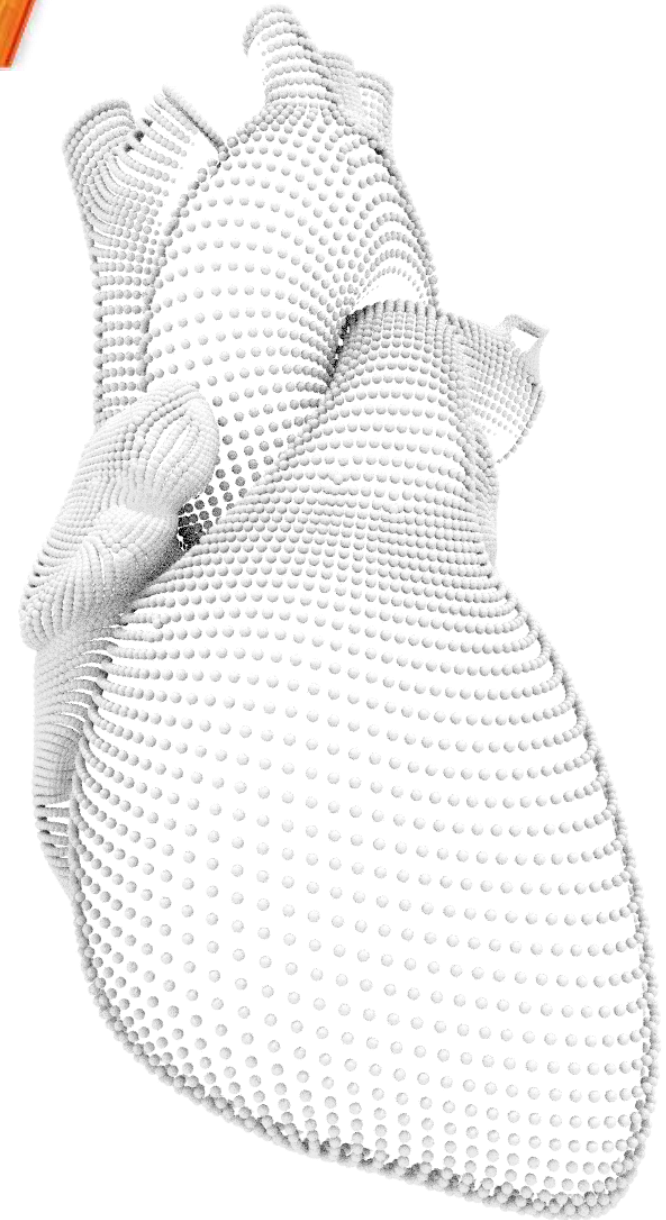
INVESTOR PRESENTATION

4Q 2024



FORWARD LOOKING STATEMENT

During the course of this presentation, the Company may make projections and other forward-looking statements regarding future events or the future financial performance of the Company, including without limitation, statements regarding future operating results, growth opportunities and other statements that refer to Stereotaxis' plans, prospects, expectations, strategies, intentions and beliefs. These statements are subject to many risks and uncertainties that could cause actual results to differ materially from expectations. For a detailed discussion of risks and uncertainties that affect the Company's business and qualify the forward-looking statements made in this presentation, we refer you to the Company's periodic and other public filings filed with the SEC, including the most recently filed Forms 8-K, 10-Q and 10-K. The Company's projections and forward-looking statements are based on factors that are subject to change and therefore these statements speak only as of the date they are given. The Company assumes no obligation to update any projections or forward-looking statements. This presentation shall not constitute an offer to sell or the solicitation of an offer to buy any securities. Such an offer or solicitation, if made, will only be made pursuant to an offering memorandum and definitive subscription documents.



STEREOTAXIS OVERVIEW

Global Leader & Pioneer of Endovascular Surgical Robotics



Highly Differentiated Technology

Unique robotic solution for minimally invasive endovascular surgery

Leadership In Large Market

Only robotic technology in \$6B+ electrophysiology market; Annual TAM >\$10B

Global Commercial Presence

150,000+ patients treated
100+ installed systems
20+ countries

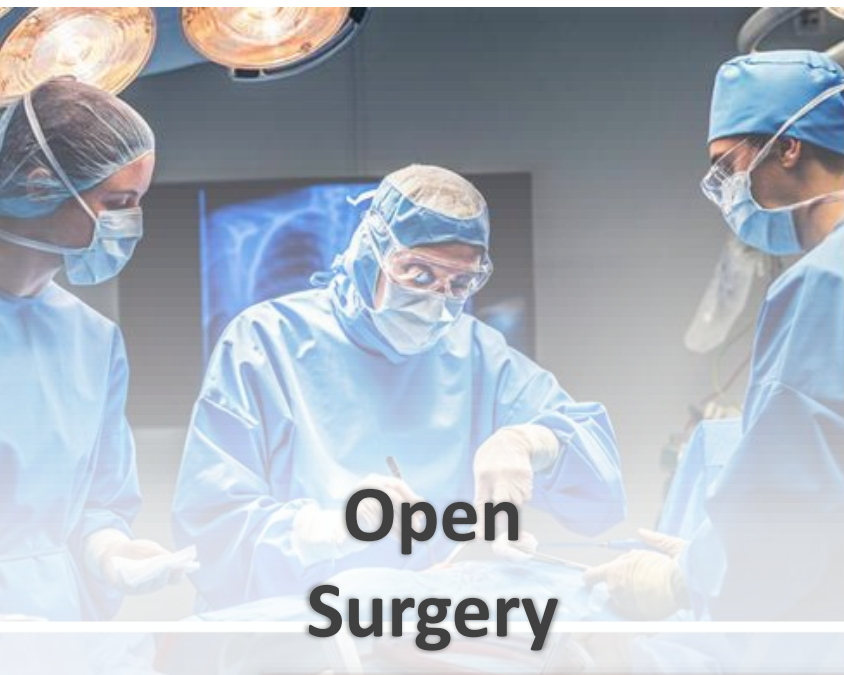
Robust Clinical Value

500+ publications
Robust real-world value

Solid Financial Foundation

\$10M+ cash & no debt
Operations near breakeven

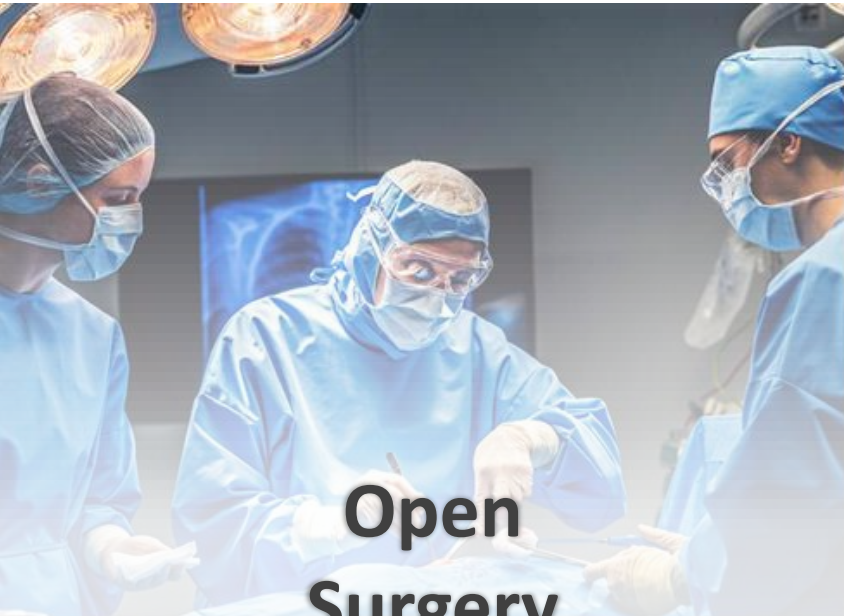
FOCUSED ON ENDOVASCULAR



Surgical Progress: Less Invasive. Less Risk. Improved Patient Care. Expanded Access to Care.



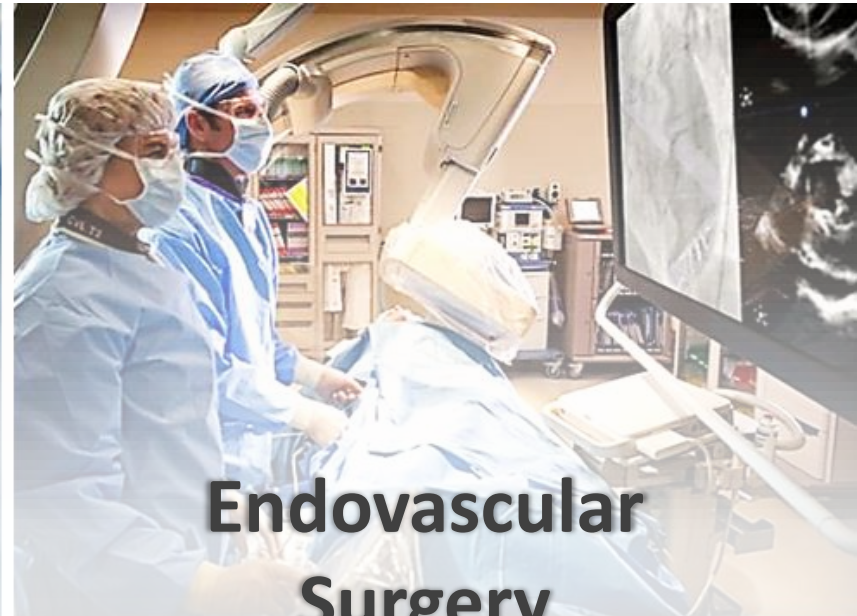
ROBOTICS TRANSFORMING SURGERY



Open Surgery



Laparoscopic Surgery



Endovascular Surgery



- >2,000 Installed Systems
- >100,000 Procedures/Year
- \$1.65 Billion Acquisition in 2013
- ~\$100 Million Revenue in 2013



- >500 Installed Systems
- >10,000 Procedures/Year
- \$1.65 Billion Acquisition in 2017
- ~\$65 Million Revenue in 2017



- 10,000 Installed Systems
- >2,000,000 Procedures/Year
- >\$150 Billion Valuation
- >\$8 Billion Revenue



- \$3.4+ Billion Acquisitions in 2019
- Negligible Revenue when Acquired



Many Others Competing or Investing to Compete:



UNMET NEEDS WE ADDRESS

Traditional Endovascular Surgery is Widely Utilized but Entails Inherent Limitations, Challenges & Risks:

1

Limited Precision, Stability & Reach

Manipulation of the tip of a manual catheter relies on force being translated the length of the catheter

2

Rigid Catheter

Required rigidity of a manual catheter with inherent safety risks for patients

3

Radiation Exposure

Reliance on fluoroscopy for visualization places patients, physicians and staff at risk

4

Complex Procedures

Procedures require extensive training and outcomes are operator dependent



ROBOTIC MAGNETIC NAVIGATION



Direct catheter tip control using magnetic fields enables:

- 1mm Precision
- Tip Stability
- Extended Reach
- Atraumatic Catheter
- Radiation Protection
- Intuitive Navigation

Robotic Magnetic Navigation System

External computer controlled permanent magnets create a magnetic field within which a catheter with a magnetic tip can be precisely controlled.

Disposable & Magnetic Catheter

A disposable device advances and retracts a catheter with a magnetic tip.

Physician Cockpit

Physician sits at a computer control station, views procedure data on a large HD monitor, and uses a mouse/joystick to operate.

IMPROVED OUTCOMES

72%

Fewer Major Complications

6-8%

Improved ST & LT Efficacy

36%

Less Radiation Exposure



BENEFITS: PHYSICIANS

OCCUPATIONAL SAFETY

Risk of the Manual Cath Lab:

85%

Left vs Right Sided
Brain Tumors



50%

Cataracts



49%

Orthopedic Injury



2.9X

Increased Infertility



Operate Seated, Unscrubbed & Outside Radiation
Enhance and Extend Your Career



PILOT THE PROCEDURE

Benefits of Robotic Cath Lab:



Cognitive Skill Elevated

Enhanced environment and information display



Full Control

Control over the entire procedure at
the physician's fingertips



Democratization of Skill

Reduced reliance on hand skill
with focus on therapy

BENEFITS: HOSPITALS & PAYORS

ARRHYTHMIAS

Widespread



1 in 4 Lifetime Risk of AF
>10-15% Prevalence in Elderly

Undertreated



Demographics: Age & Obesity
Improved Diagnostic Technology

Growing



Poor Anticoagulant Compliance
>30% Undiagnosed AF in Risk Population

Profitable



Highly Reimbursed Procedure
Attractive Patient Demographic



GROWTH

Expand Treatment to Underserved Patients
Attract Referrals and Patients



REDUCED RISK

Reduced Adverse Events
Reduced Occupational Risks



IMPROVED EFFICIENCY

Lab Staffing Efficiency & Independence
Faster Complex Procedure Times

GLOBAL PRESENCE & IMPACT



100+ Hospitals



150,000+ Patients



500+ Publications



FINANCIAL PRUDENCE

LISTED
NYSE AMERICAN

STXS
LISTED
NYSE AMERICAN



NEW YORK STOCK EXCHANGE

Robust Existing Business

- Significant Recurring Revenue
- Low Cash Utilization
- New York Stock Exchange Uplisting

Clean Strong Balance Sheet

- \$10M+ Cash and No Debt
- Investments by High-Quality Institutional Healthcare Funds



COMMERCIAL INFRASTRUCTURE



Training Simulator



Publication Support

Physician Society

Robotic EP Fellows Program

Establish the Commercial Infrastructure & Processes to Ensure Robotic Practices are Successful, Grow, and Have the Ability to Showcase their Clinical & Technological Leadership in the Community

Patient Education Materials



INNOVATION STRATEGY



CORE TECHNOLOGY



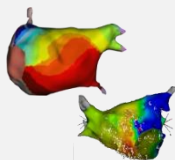
Robot



Catheter



X-Ray



Mapping



User Interface



DIGITAL SURGERY



Telemedicine



Automation

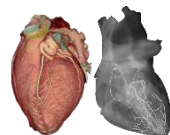
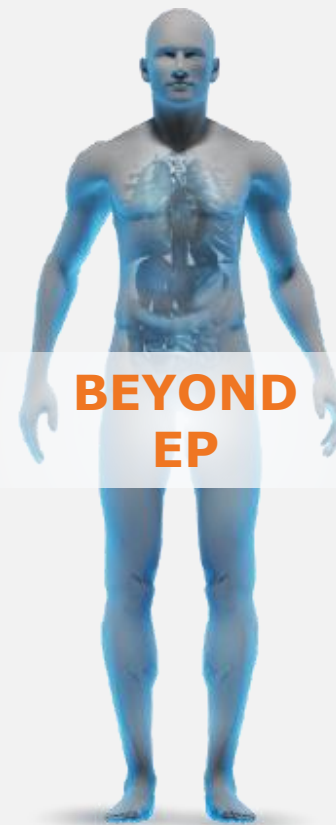


Image Guided Therapy



Big Data Insight



BEYOND EP



Endovascular



Endoluminal

GOALS:

1

Improve Patient Care

2

Enhance Physician Experience

3

Increase Access & Affordability

4

Create Collaborative Open Ecosystem

INNOVATION DRIVING GROWTH

ACCESSIBLE ROBOTICS

Robot System Sales

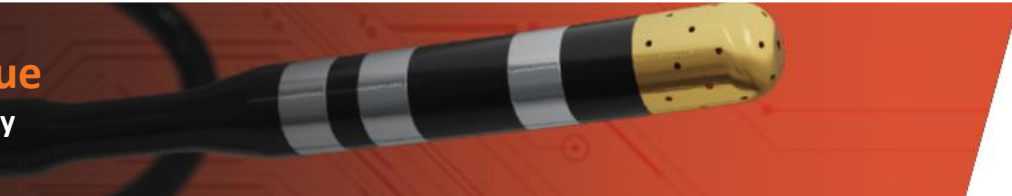
5,000+ Electrophysiology Labs Performing Cardiac Ablation
10,000+ Interventional Labs For Broader Indications



ABLATION CATHETERS

Increased EP Disposable Revenue

\$2B+ Increase in Annual EP Market Opportunity



EXPANDED INDICATIONS

Growing Addressable Endovascular Markets

\$10B+ TAM with Multiple Multi-Billion Dollar Endovascular Markets Addressed



GEOGRAPHIC EXPANSION

Strategic China Collaboration

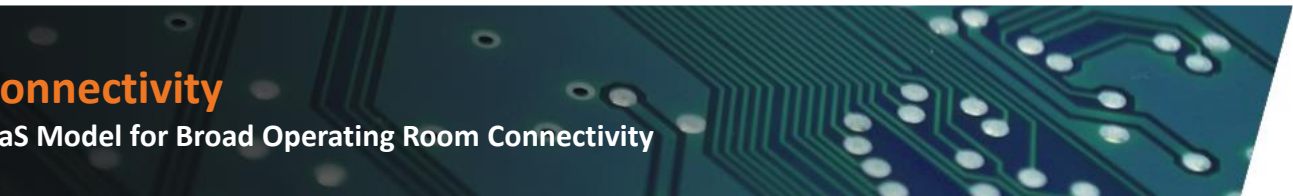
Collaboration with MicroPort EP for China EP Leadership



DIGITAL SURGERY

Operating Room Connectivity

Synergistic Venture with SaaS Model for Broad Operating Room Connectivity



**THANK
YOU!**

Investors@Stereotaxis.com



Innovative Technology

- Highly Differentiated Approach for Endovascular Surgery
- Global Leadership in Endovascular Robotics



Proven Clinical Value

- Enables Therapy and Improves Patient Outcomes
- Extensive Real-World Clinical Validation



Solid Foundation

- Financial Stability: Clean Balance Sheet & Near Breakeven
- Aligned Board, Management and Shareholders



Strong Growth Drivers

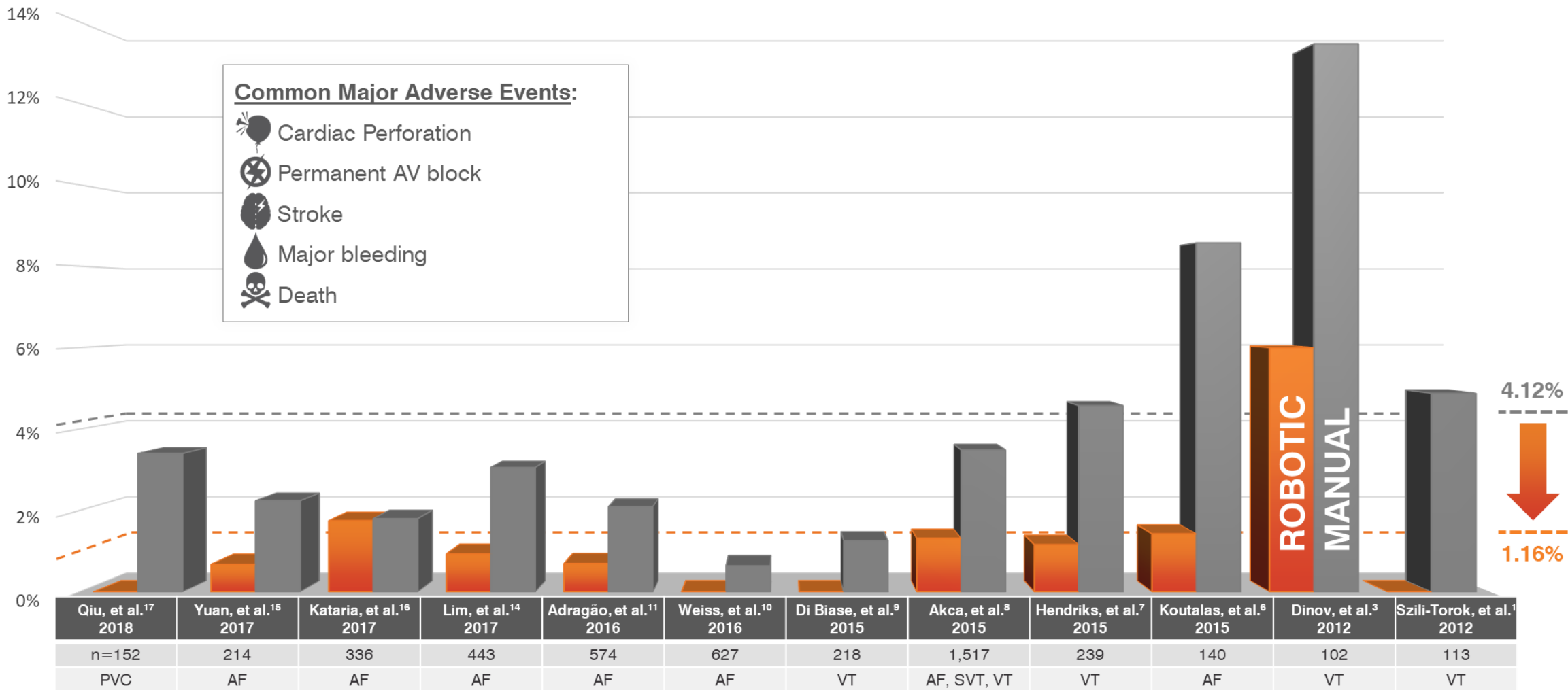
- Large Growing Existing and Future Markets
- Pipeline of Significant Innovation

APPENDIX

The clinical data on the following slides is a comprehensive and objective review of all known publications since 2012 through 2020 with >50 patients where robotic and manual cardiac ablation were compared in a head-to-head fashion.

APPENDIX: MAJOR ADVERSE EVENTS

72% avg. Reduction*
12 Studies | 4,675 Patients



Major adverse event rates comparing RMN (orange) vs. manual navigation (gray) in head-to-head publications of >50 patients from 2012-2020.

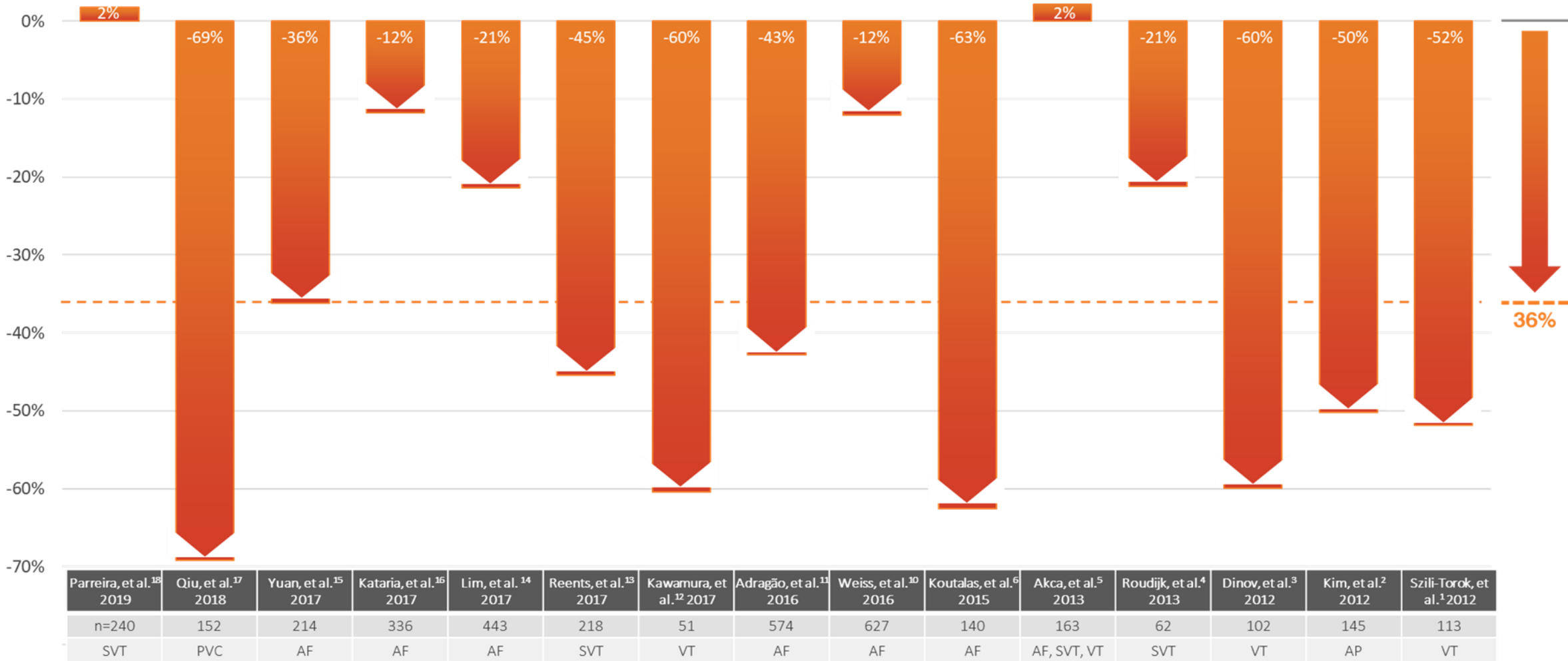
Studies which did not report data for major adverse events^{4, 5} or reported no major adverse events in either group^{2, 12, 13, 18} were excluded.

AF=Atrial Fibrillation, PVC=Premature Ventricular Contraction, SVT=Supraventricular Tachycardia, VT=Ventricular Tachycardia

*Represents simple average of all included studies

APPENDIX: FLUOROSCOPY REDUCTION

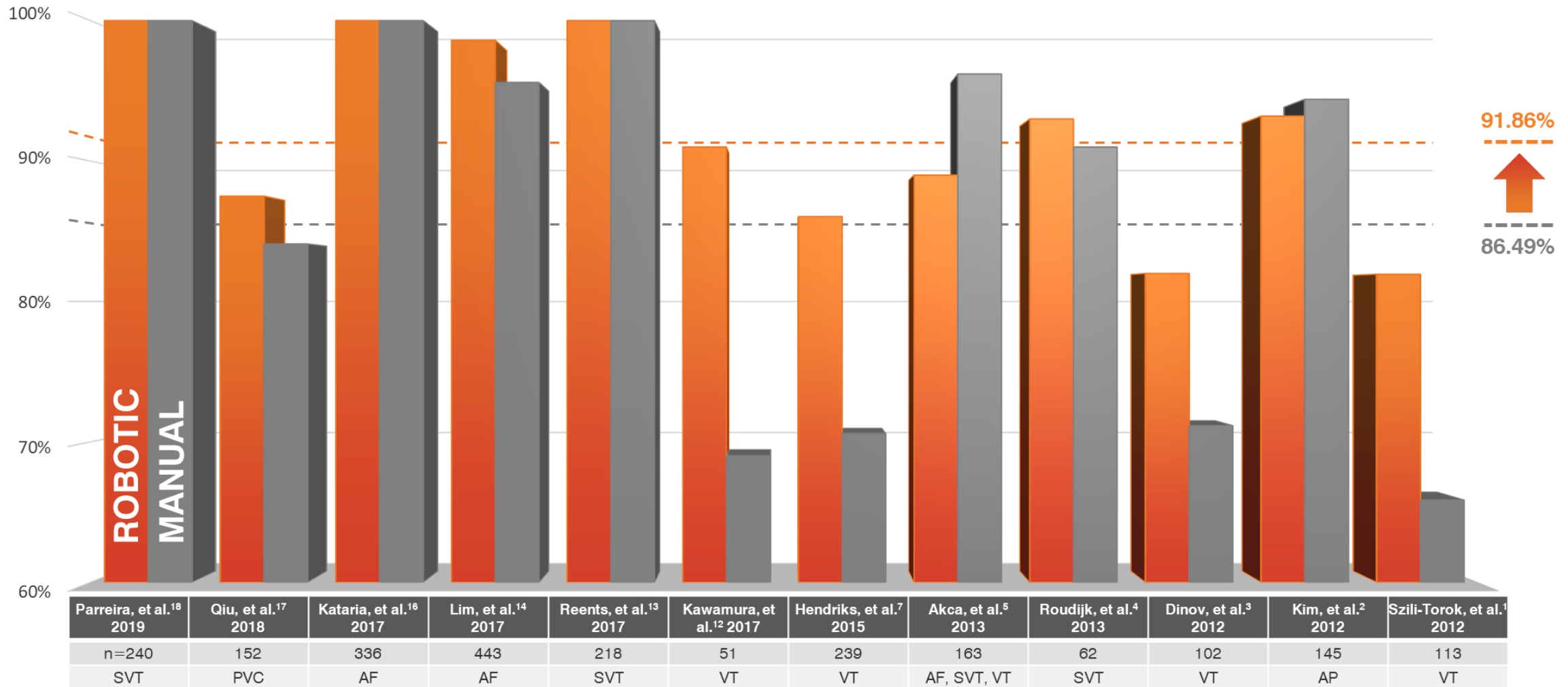
36% avg. Reduction*
 15 Studies | 3,580 Patients



Average reduction in patient fluoroscopy exposure comparing RMN (orange) vs. manual navigation in head-to-head publications of > 50 patients from 2012-2020. Studies which did not report fluoroscopy exposure data were excluded.^{7, 8, 9}
 AF=Atrial Fibrillation, AP= Accessory Pathway-Mediated Tachycardia, PVC=Premature Ventricular Contraction, SVT=Supraventricular Tachycardia, VT=Ventricular Tachycardia
 *Represents simple average of all included studies

APPENDIX: ACUTE EFFICACY

6.2% avg. Increase*
 12 Studies | 2,264 Patients



Acute success rates comparing RMN (orange) vs. manual navigation (gray) in head-to-head publications of >50 patients from 2012-2020.

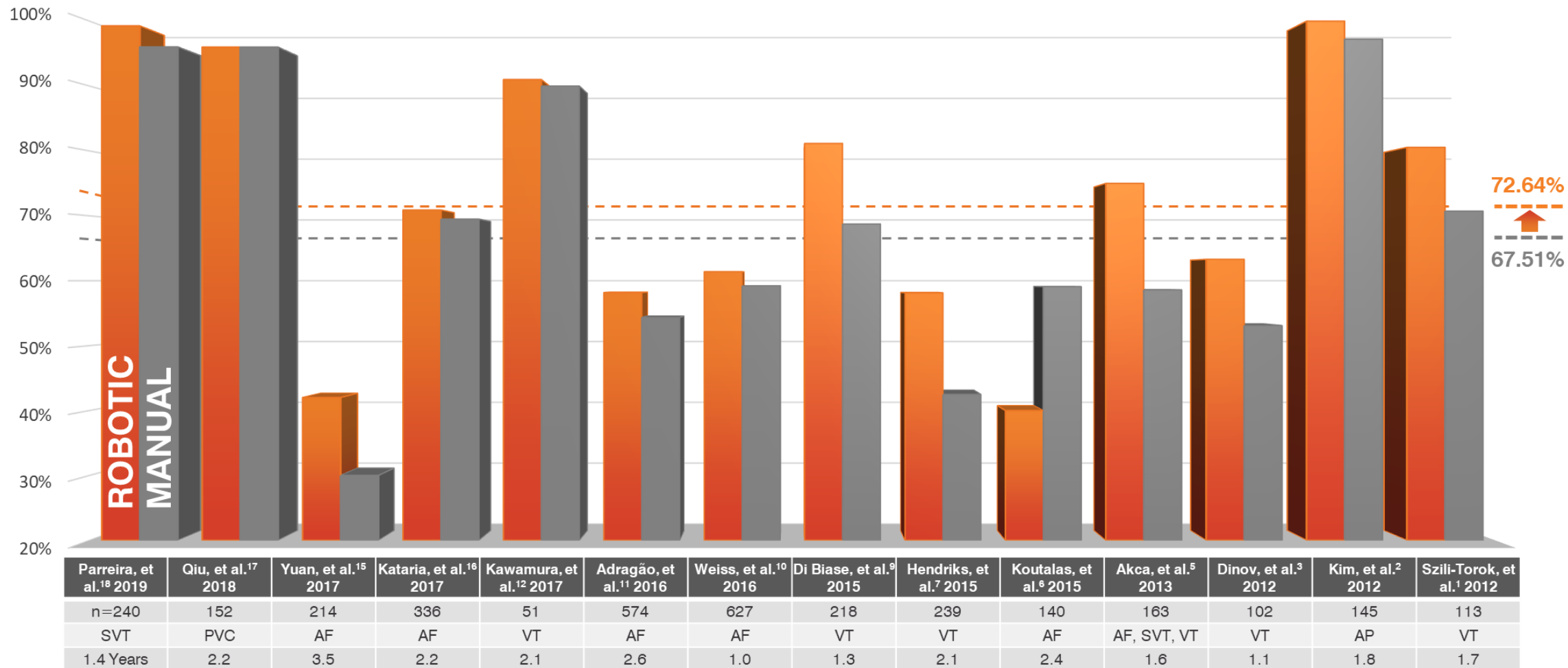
Studies which did not report acute success data were excluded.^{6, 8, 9, 10, 11, 15}

AF=Atrial Fibrillation, AP= Accessory Pathway-Mediated Tachycardia, PVC=Premature Ventricular Contraction, SVT=Supraventricular Tachycardia, VT=Ventricular Tachycardia

*Represents simple average of all included studies

APPENDIX: LONG TERM EFFICACY

↑ 7.6% avg. Increase*
14 Studies | 3,314 Patients



Freedom from recurrence rates comparing RMN (orange) vs. manual navigation (gray) in head-to-head publications of >50 patients from 2012-2020 with follow-up greater than or equal to one year.

Studies which reported follow-up of less than one year^{4, 13} or did not report freedom from recurrence data^{7, 8, 14} were excluded.

AF=Atrial Fibrillation, AP= Accessory Pathway-Mediated Tachycardia, PVC=Premature Ventricular Contraction, SVT=Supraventricular Tachycardia, VT=Ventricular Tachycardia

*Represents simple average of all included studies

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All references, and links to all publications, are available on the Clinical Data section of www.Stereotaxis.com.

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