STEREOTAXIS™

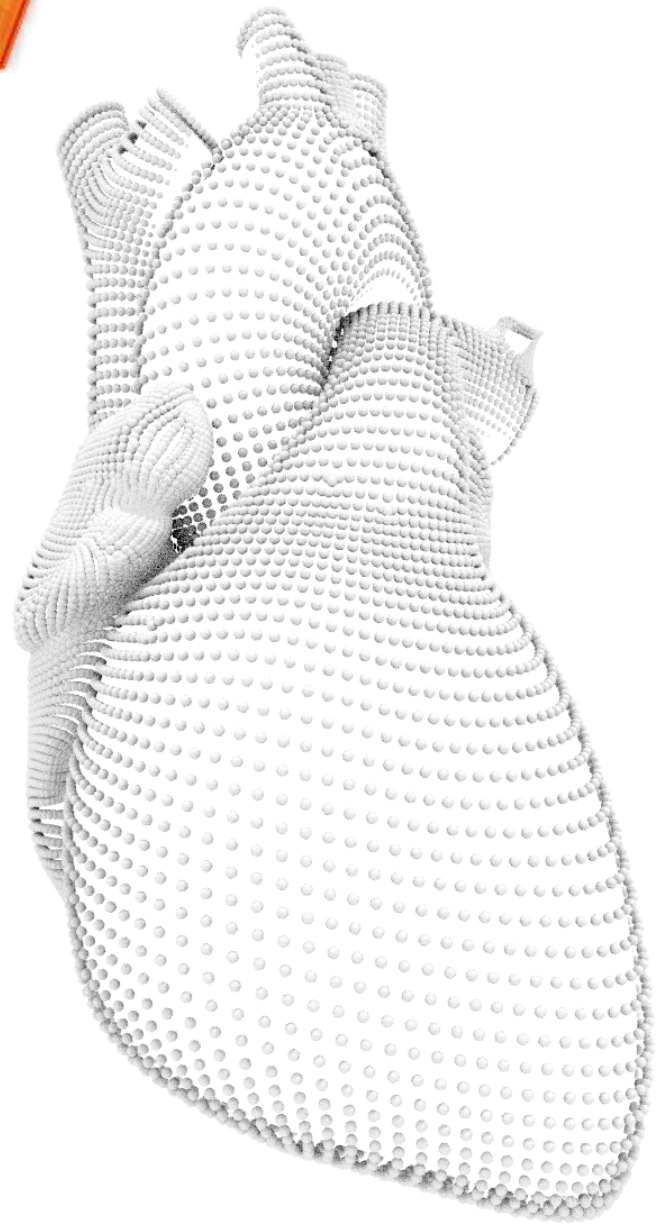
Pioneering Endovascular Robotics

INVESTOR PRESENTATION

1Q 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

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

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

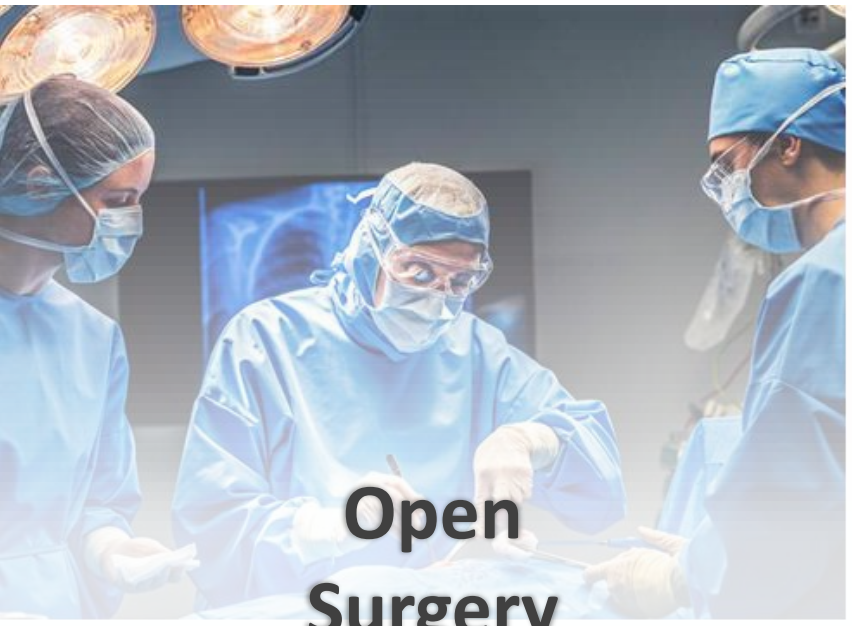
Robust Clinical Value

400+ publications
Robust real-world value

Solid Financial Foundation

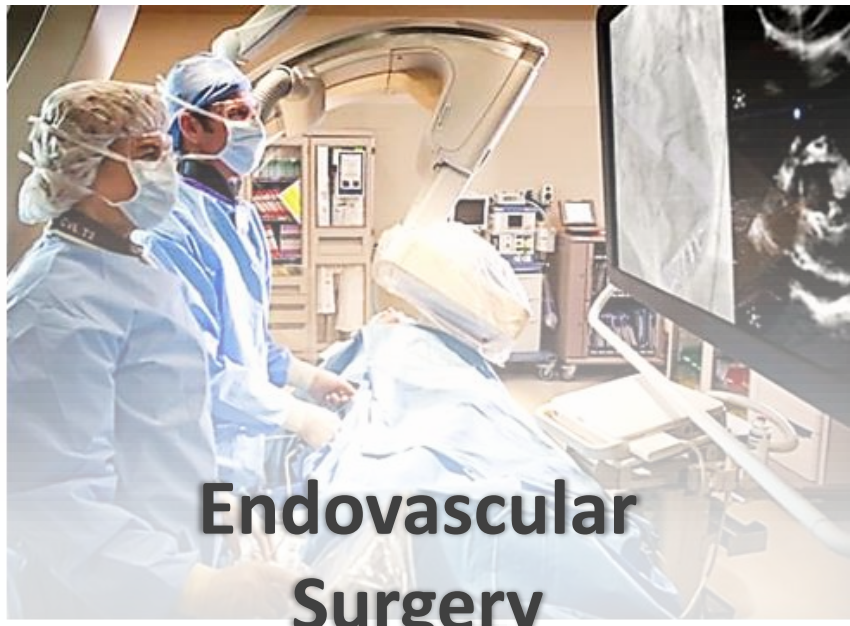
$20M cash & no debt
Operations near breakeven

FOCUSED ON ENDOVASCULAR



Open Surgery

Laparoscopic Surgery



Endovascular Surgery

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

ROBOTICS TRANSFORMING SURGERY

Open Surgery

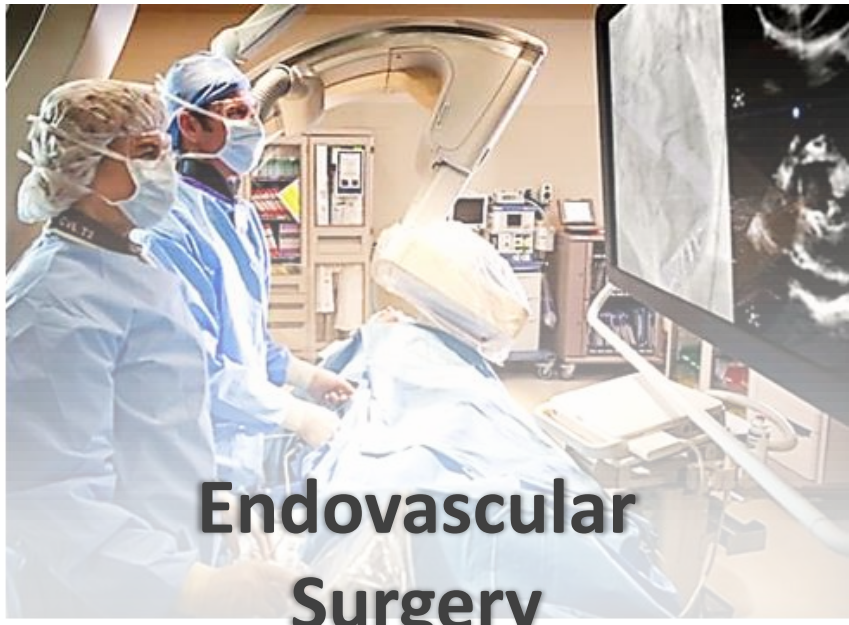
- >1,500 Installed Systems
- >100,000 Procedures/Year
- $1.65 Billion Acquisition in 2013
- ~$100 Million Revenue in 2013

- >200 Installed Systems
- >10,000 Procedures/Year
- $1.65 Billion Acquisition in 2017
- ~$65 Million Revenue in 2017

Laparoscopic Surgery

- >6,000 Installed Systems
- >1,000,000 Procedures/Year
- ~$100 Billion Valuation
- >$5 Billion Revenue

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



Endovascular Surgery

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.

BENEFITS: PATIENTS

IMPROVED OUTCOMES

72%

Fewer Major Complications

6-8%

Improved ST & LT Efficacy

36%

Less Radiation Exposure

Data from a comprehensive review of clinical literature comparing robotic to manual cardiac ablation; details available at RoboticEP.com and in supplemental slides.

STEREOTAXIS

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

STEREOTAXIS

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

STEREOTAXIS

GLOBAL PRESENCE & IMPACT

Hundreds of **Physicians** at **100+ Leading Global Hospitals** have Treated **100,000+ Patients**

Deborah
Advocate Health Care
Mount Sinai St. Luke's
UCDAVIS HEALTH
INSTITUT DE CARDIOLOGIE DE MONTRÉAL
Weill Cornell Medicine
UCLA Health
HCA MIDWEST HEALTH OVERLAND PARK REGIONAL MEDICAL CENTER
Saint Alphonsus A Member of Trinity Health
Banner Health
Medicine
University Hospitals
BaylorScott&White HEALTH
New Mexico Heart Institute Lovelace Medical Group
Royal Brompton & Harefield NHS NHS Foundation Trust
Hackensack Meridian Health
Intermountain Healthcare
RWJBarnabas HEALTH
Henry Ford Health System
HOSPITAL DA LUZ
HUS
St David's HealthCare
KAISER PERMANENTE
Regionaalhaigla
AT THE FOREFRONT UChicago Medicine
Penn Medicine
社会医療法人愛仁会 高槻病院
Tays Tampere University Hospital
Nuvance Health
Health AUGUSTA UNIVERSITY
Erasmus MC
Jefferson
St.JosephHealth Mission Hospital
E. MESHALKIN NATIONAL MEDICAL RESEARCH CENTER
CENTRE HOSPITALIER PRINCESSE GRACE
REGION Rigshospitalet
BARNES-JEWISH Hospital
HONORHEALTH
Missouri Baptist MEDICAL CENTER
UMKC
CHRU NANCY
CHI St. Luke's Health
AdventHealth Orlando
National Heart Centre Singapore SingHealth
Trinity Health Of New England

FINANCIAL PRUDENCE

Robust Existing Business

Significant Recurring Revenue
Low Cash Utilization
New York Stock Exchange Uplisting

Clean Strong Balance Sheet

$20m Cash and No Debt
Investments by High-Quality
Institutional Healthcare Funds

COMMERCIAL INFRASTRUCTURE

SCRN
SOCIETY FOR CARDIAC ROBOTIC NAVIGATION

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

STEREOTAXIS

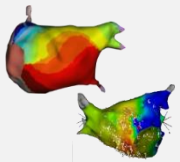
INNOVATION STRATEGY

CORE TECHNOLOGY

Robot

Catheter

X-Ray



Mapping

User Interface

DIGITAL SURGERY

Telemedicine

Automation

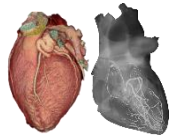
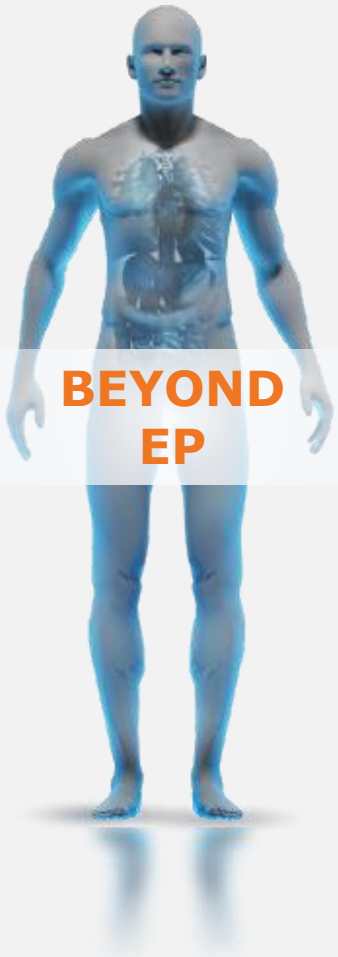


Image Guided Therapy

Big Data Insight



BEYOND EP

Endovascular

Endoluminal

GOALS:

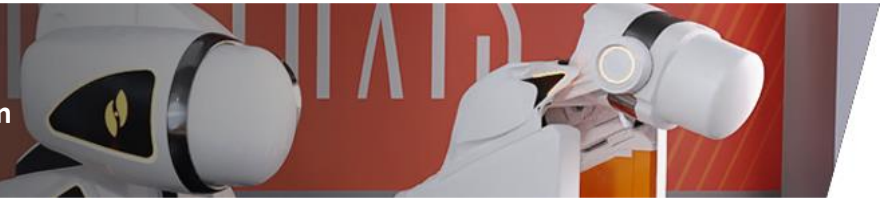
1. Improve Patient Care
2. Enhance Physician Experience
3. Increase Access & Affordability
4. Create Collaborative Open Ecosystem

INNOVATION DRIVING GROWTH

ACCESSIBLE ROBOTICS

Robot System Sales

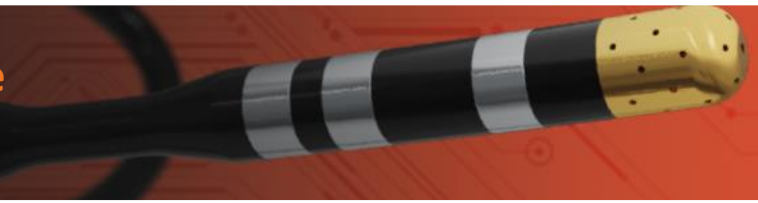
5,000+ Electrophysiology Labs Performing Cardiac Ablation
10,000+ Interventional Labs For Broader Indications



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

MicroPort

DIGITAL SURGERY

Operating Room Connectivity

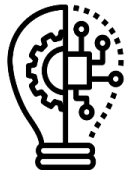
Synergistic Venture with SaaS Model for Broad Operating Room Connectivity

STEREOTAXIS

INVESTOR HIGHLIGHTS

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: strong balance sheet & near breakeven
- Aligned Board, Management and Shareholders

Strong Growth Drivers

- Large growing existing and future markets
- Pipeline of significant innovation

STEREOTAXIS

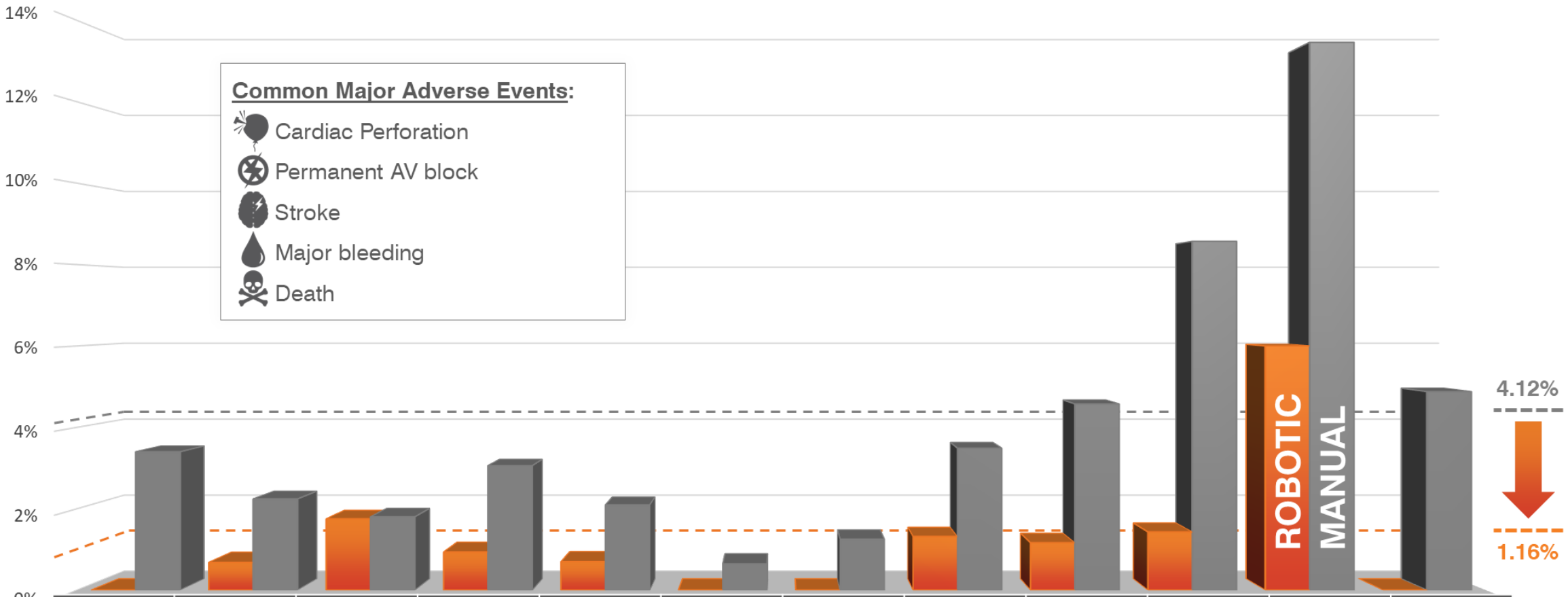
APPENDIX

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



Qiu, et al.[17] 2018	Yuan, et al.[15] 2017	Kataria, et al.[16] 2017	Lim, et al.[14] 2017	Adragão, et al.[11] 2016	Weiss, et al.[10] 2016	Di Biase, et al.[9] 2015	Akca, et al.[8] 2015	Hendriks, et al.[7] 2015	Koutalas, et al.[6] 2015	Dinov, et al.[3] 2012	Szili-Torok, et al.[1] 2012
n=152	214	336	443	574	627	218	1,517	239	140	102	113
PVC	AF	AF	AF	AF	AF	VT	AF, SVT, VT	VT	AF	VT	VT

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.

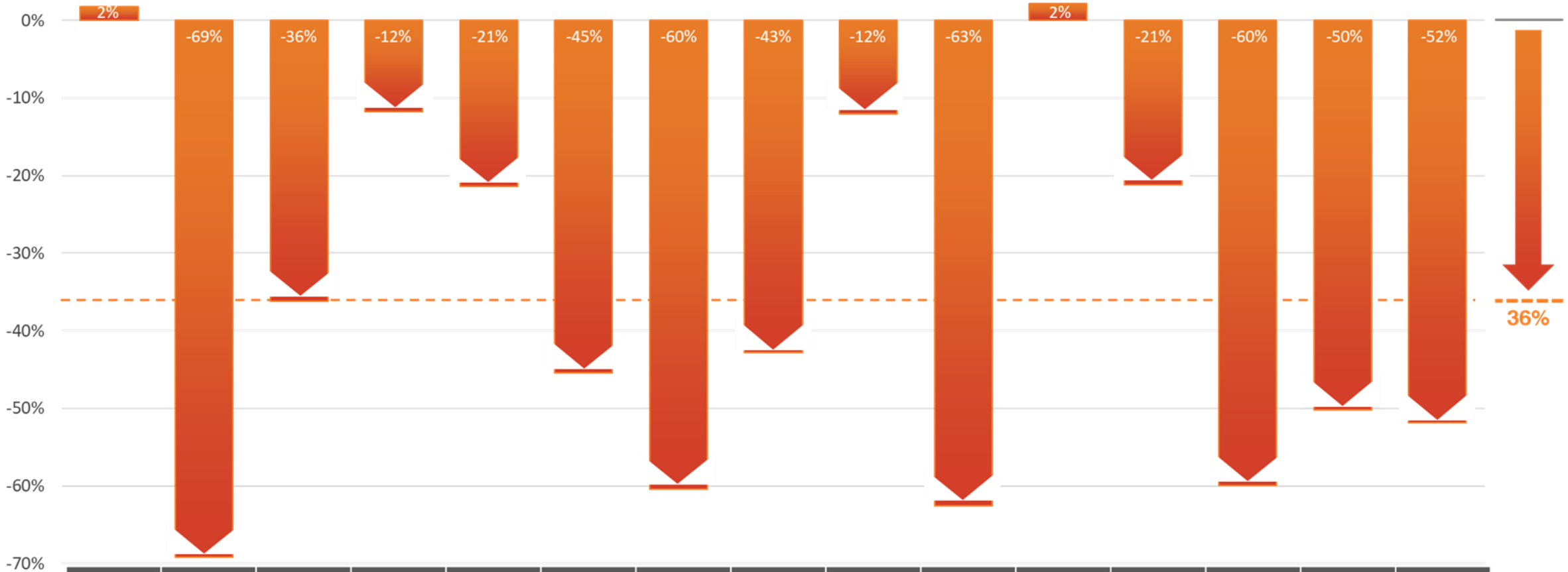
AF=Atrial Fibrillation, PVC=Premature Ventricular Contraction, SVT=Supraventricular Tachycardia, VT=Ventricular Tachycardia

*Represents simple average of all included studies

APPENDIX: FLUOROSCOPY REDUCTION

36% avg. Reduction*

15 Studies | 3,580 Patients



Parreira, et al.[18] 2019	Qiu, et al.[17] 2018	Yuan, et al.[15] 2017	Kataria, et al.[16] 2017	Lim, et al.[14] 2017	Reents, et al.[13] 2017	Kawamura, et al.[12] 2017	Adragão, et al.[11] 2016	Weiss, et al.[10] 2016	Koutalas, et al.[6] 2015	Akca, et al.[5] 2013	Roudijk, et al.[4] 2013	Dinov, et al.[3] 2012	Kim, et al.[2] 2012	Szili-Torok, et al.[1] 2012
n=240	152	214	336	443	218	51	574	627	140	163	62	102	145	113
SVT	PVC	AF	AF	AF	SVT	VT	AF	AF	AF	AF, SVT, VT	SVT	VT	AP	VT

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]

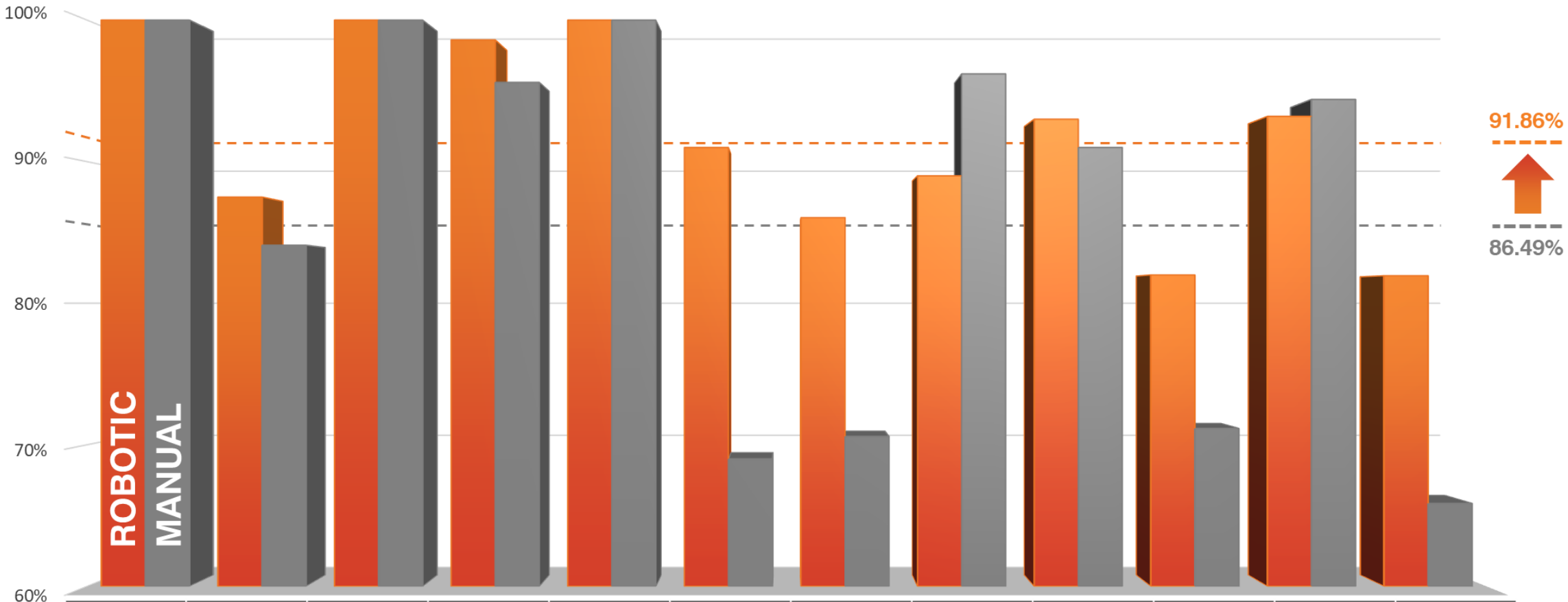
AF=Atrial Fibrillation, AP= Accessory Pathway-Mediated Tachycardia, PVC=Premature Ventricular Contraction, SVT=Supraventricular Tachycardia, VT=Ventricular Tachycardia

*Represents simple average of all included studies

APPENDIX: ACUTE EFFICACY

6.2% avg. Increase*

12 Studies | 2,264 Patients



Parreira, et al.[18] 2019	Qiu, et al.[17] 2018	Kataria, et al.[16] 2017	Lim, et al.[14] 2017	Reents, et al.[13] 2017	Kawamura, et al.[12] 2017	Hendriks, et al.[7] 2015	Akca, et al.[5] 2013	Roudijk, et al.[4] 2013	Dinov, et al.[3] 2012	Kim, et al.[2] 2012	Szili-Torok, et al.[1] 2012
n=240	152	336	443	218	51	239	163	62	102	145	113
SVT	PVC	AF	AF	SVT	VT	VT	AF, SVT, VT	SVT	VT	AP	VT

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]

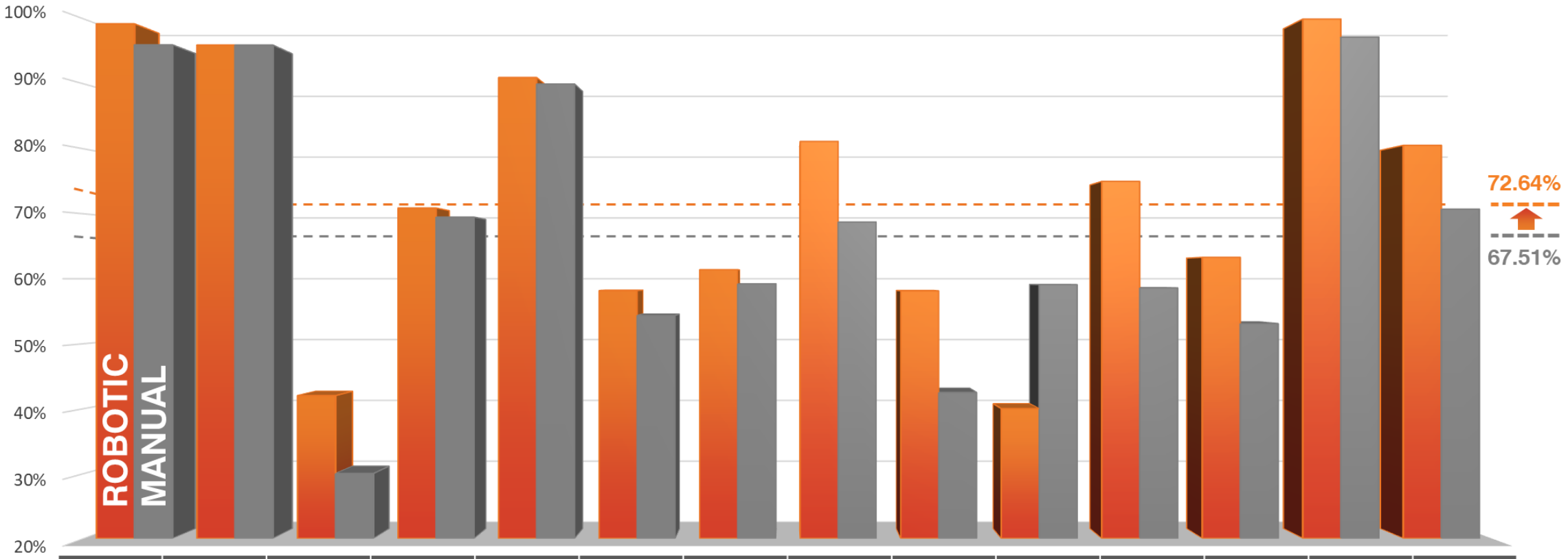
AF=Atrial Fibrillation, AP= Accessory Pathway-Mediated Tachycardia, PVC=Premature Ventricular Contraction, SVT=Supraventricular Tachycardia, VT=Ventricular Tachycardia

*Represents simple average of all included studies

APPENDIX: LONG TERM EFFICACY

7.6% avg. Increase*

14 Studies | 3,314 Patients



Parreira, et al.[18] 2019	Qiu, et al.[17] 2018	Yuan, et al.[15] 2017	Kataria, et al.[16] 2017	Kawamura, et al.[12] 2017	Adragão, et al.[11] 2016	Weiss, et al.[10] 2016	Di Biase, et al.[9] 2015	Hendriks, et al.[7] 2015	Koutalas, et al.[6] 2015	Akca, et al.[5] 2013	Dinov, et al.[3] 2012	Kim, et al.[2] 2012	Szili-Torok, et al.[1] 2012
n=240	152	214	336	51	574	627	218	239	140	163	102	145	113
SVT	PVC	AF	AF	VT	AF	AF	VT	VT	AF	AF, SVT, VT	VT	AP	VT
1.4 Years	2.2	3.5	2.2	2.1	2.6	1.0	1.3	2.1	2.4	1.6	1.1	1.8	1.7

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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