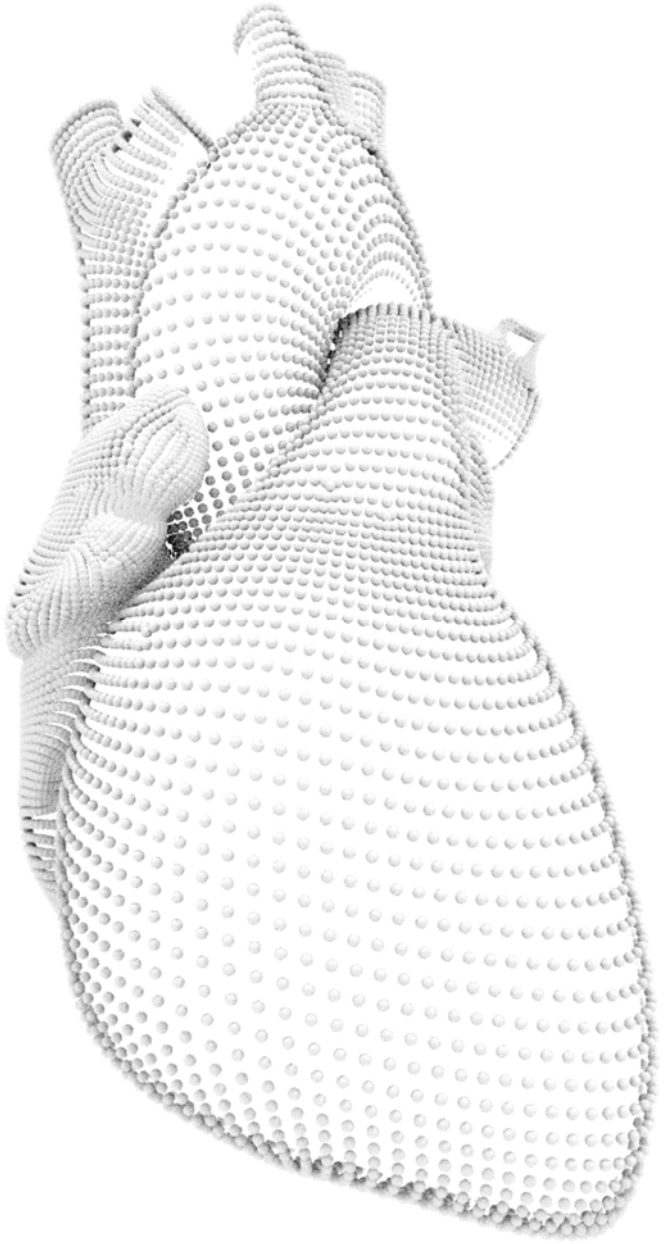
Investor Presentation

2Q 2021

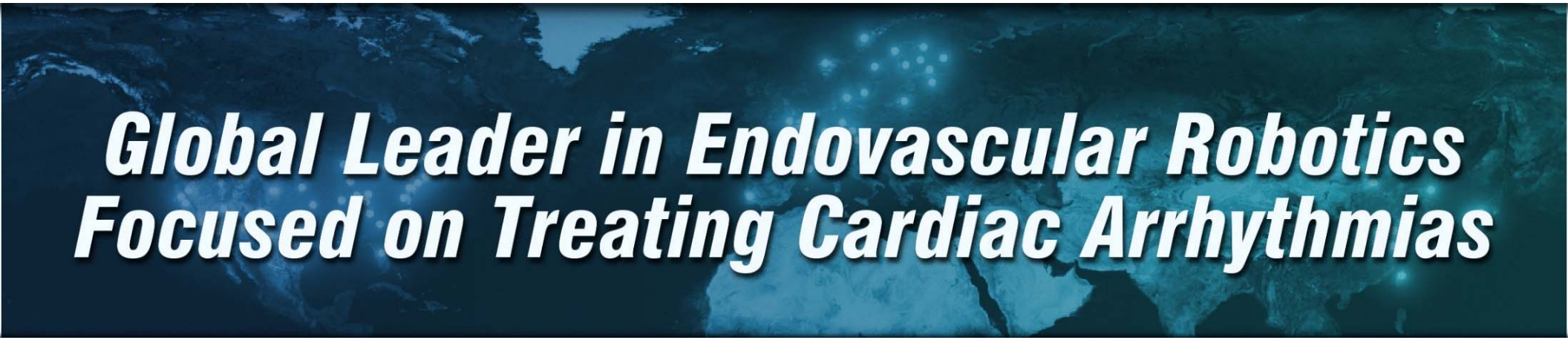
FORWARD LOOKING STATEMENT

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



Extensive Presence

300+ Physicians | 100+ Systems | 20+ Countries

Validated & Protected

100,000+ Procedures | 400+ Publications | 100+ Patents

Attractive Market

$5B+ Existing Market | 10%+ Annual Growth | Unique Robotic Solution

Financial Highlights*

$27M Revenue	80% Recurring Revenue	75% Gross Margin
$44M Cash	No Debt	Near Breakeven

* Income statement data reflects trailing four quarter results through 4Q2020 and is approximate for presentation purposes. Balance sheet in non-GAAP and approximate as of 4Q2020.

STEREOTAXIS

FOCUSED ON ENDOVASCULAR

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

Open Surgery

Laparoscopic Surgery

Endovascular Surgery

ROBOTICS TRANSFORMING SURGERY

Open Surgery

- >800 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

- >5,000 Installed Systems
- >1,000,000 Procedures/Year
- >$60 Billion Valuation
- >$4 Billion Revenue

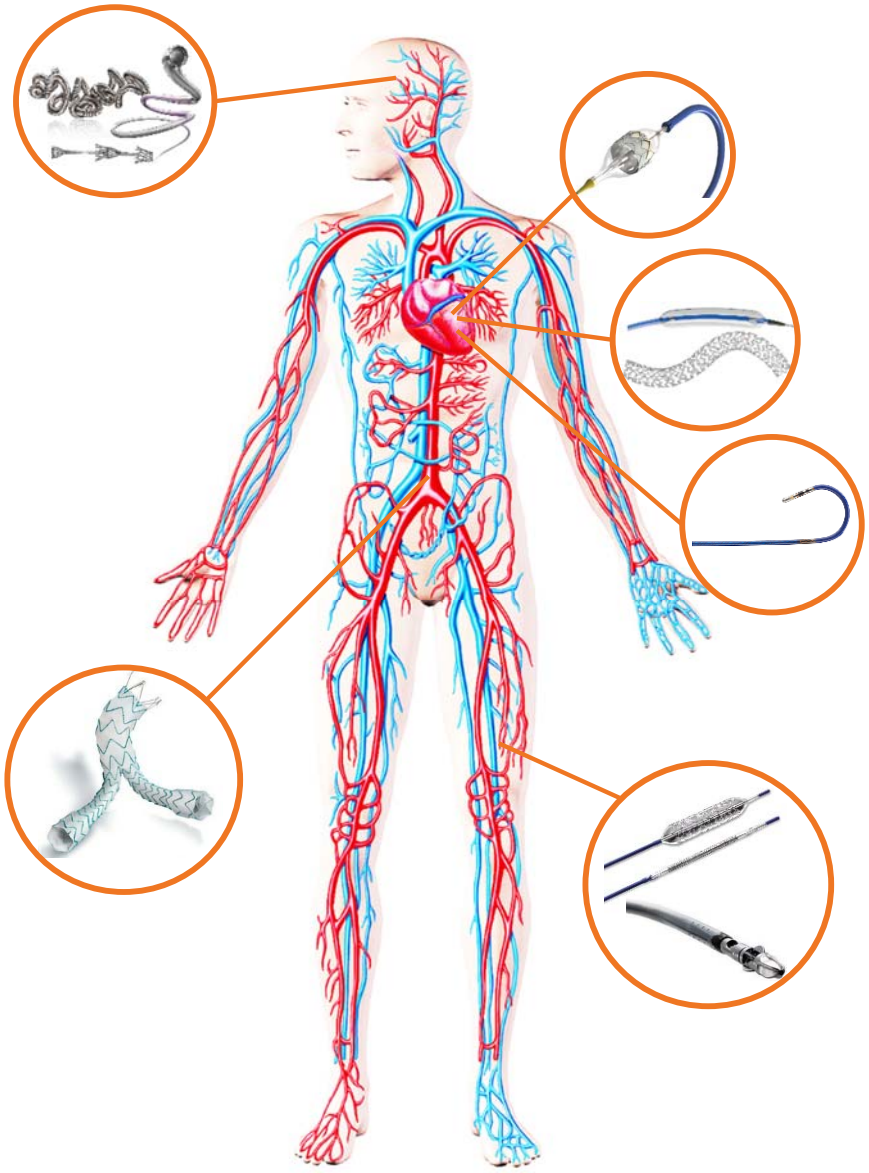
- $3.4+ Billion Acquisitions in 2019
- Negligible Revenue when Acquired

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

STEREOTAXIS

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 maneuvered.

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.

STEREOTAXIS

CURRENT FOCUS: ARRHYTHMIAS

Arrhythmias are

conditions in which the heart beats with an irregular or abnormal rhythm

Widespread

Tens of Millions of Arrhythmia Patients Globally

>10-15% Prevalence in Elderly Population

Growing Rapidly

Demographics:
Increases with Age & Obesity

Diagnosis:
Improved Diagnostic Technology

Serious

5x Higher Risk of Stroke from AF
3x Higher Risk of Heart Failure

>300,000 US Deaths/Year from VF
Lead Cause of Sudden Cardiac Death

Cardiac Ablation, A Leading Therapy

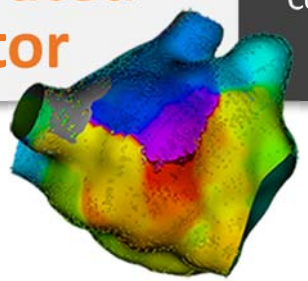
Stereotaxis, A Differentiated Competitor

Catheter Ablation emerging as a leading therapy for arrhythmias vs pharma or CRM implants

>1,000,000 catheter cardiac ablation procedures per year globally

>$5B market growing >10%/Year

Consistent long-term growth driven by clinical evidence, demographic trends and improved technology



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BENEFITS: PATIENTS

IMPROVED OUTCOMES

72%

Fewer Major Complications

6-8%

Improved ST & LT Efficacy

36%

Less Radiation Exposure

STEREOTAXIS

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

BENEFITS: PHYSICIANS

OCCUPATIONAL SAFETY

Risk of the Cath Lab:

85 %
Left vs Right Sided Brain Tumors

50 %
Cataracts

49 %
Orthopedic Injury

2.9X
Increased Infertility

Operate Seated, Unscrubbed, and Outside of Radiation Exposure
Enhance and Extend Your Career

PILOT THE PROCEDURE

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

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BENEFITS TO 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

IMPROVED CLINICAL CARE

STRATEGIC DIFFERENTIATION

ATTRACTIVE FINANCIAL ROI

Grow
Treat Complex Arrhythmias
Attract Patients

Reduce Risk
Patient Adverse Events
& Physician Injury

Improved Efficiency
Efficient Staffing
Faster Complex Procedure

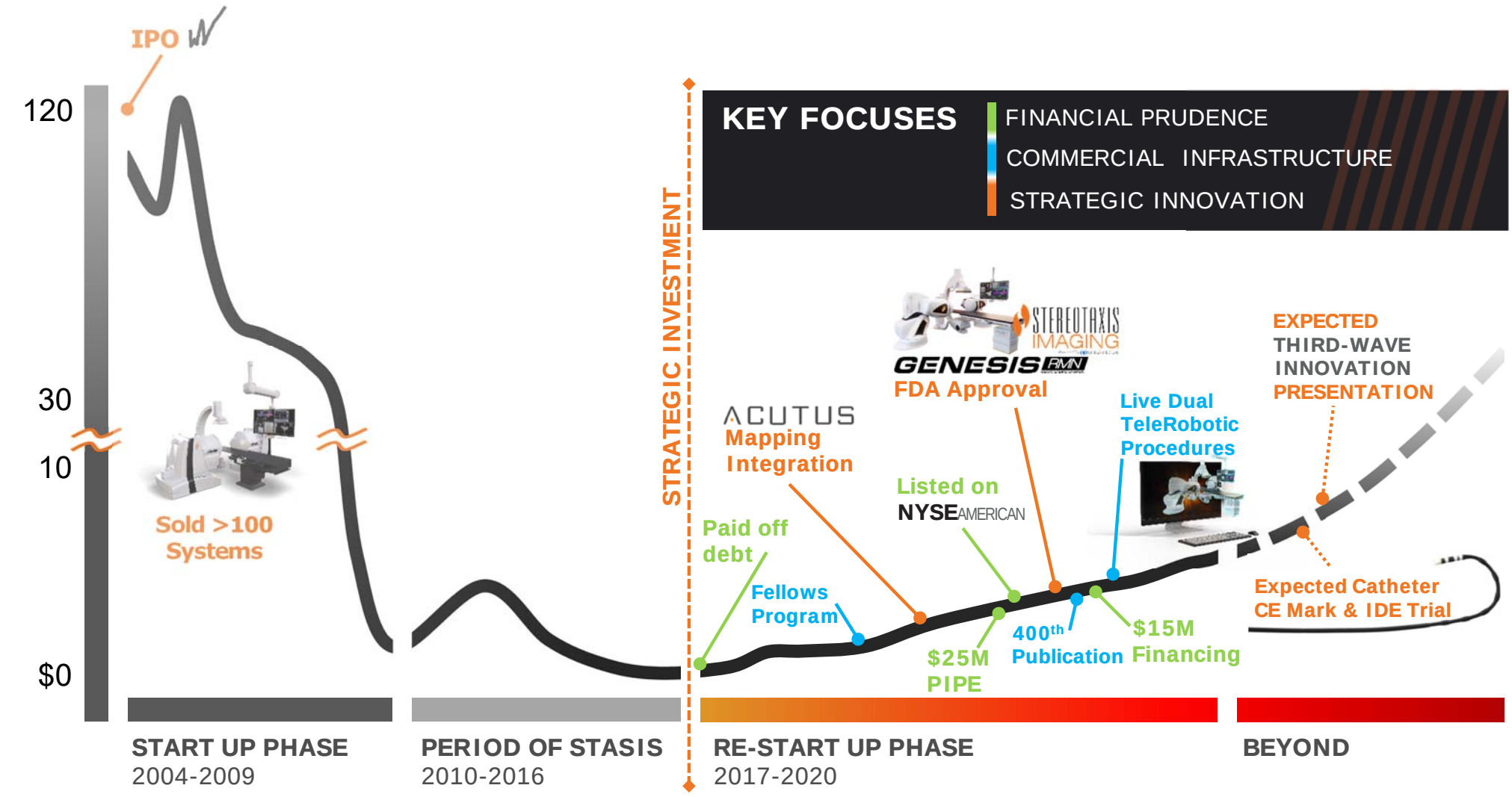
STEREOTAXIS

GLOBAL PRESENCE & IMPACT

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

Deborah
Heart Hospital of New Mexico @ Lovelace Medical Center
HUS
Hospital da Luz
Institut de Cardiologie de Montréal
CHRU Nancy
Missouri Baptist Medical Center
National Heart Centre Singapore SingHealth
Robert Wood Johnson University Hospital | RWJBarnabas Health
Erasmus MC
Gruppo San Donato
Intermountain Healthcare
Baylor Scott & White Health
UC Davis Medical Center
St David's HealthCare
The Center for Atrial Fibrillation
HCA Midwest Health Overland Park Regional Medical Center
Saint Alphonsus A Member of Trinity Health
AdventHealth
Mount Sinai St. Luke's
UCLA Health
Health Augusta University
Kaiser Permanente
Weill Cornell Medicine
At the Forefront UChicago Medicine
Penn Medicine
高槻病院
Henry Ford Health System
Medicine
Barnes-Jewish Hospital
UMKC
Advocate Health Care
AdventHealth
Royal Brompton & Harefield NHS Foundation Trust
Centre Hospitalier Princesse Grace
Region H
Rigshospitalet

A RE-START UP



STEREOTAXIS

FINANCIAL PRUDENCE

Robust Existing Business

~$25M Annual Recurring Revenue
Low Cash Utilization
New York Stock Exchange Uplisting

Clean Strong Balance Sheet

$44M cash and no debt
$40M Recent Investments by High-Quality Institutional Healthcare Funds

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COMMERCIAL INFRASTRUCTURE

Patient Education Materials

Training Simulator

Publication Support

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

Robotic EP Fellows Program

Physician Society

SCRN
SOCIETY FOR CARDIAC ROBOTIC NAVIGATION

STEREOTAXIS

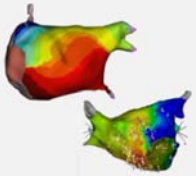
INNOVATION STRATEGY

CORE TECHNOLOGY

Robot

Catheter

X-Ray



Mapping

User Interface

DIGITAL SURGERY

Telemedicine

Automation

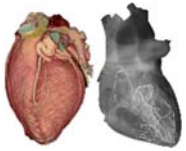


Image Guided Therapy

Big Data Insight

BEYOND EP

Endovascular

Endoluminal

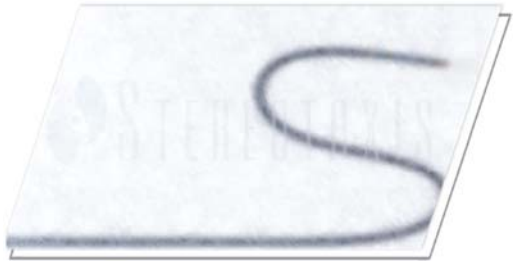
Goals:

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

RECENT INNOVATION ANNOUNCEMENTS

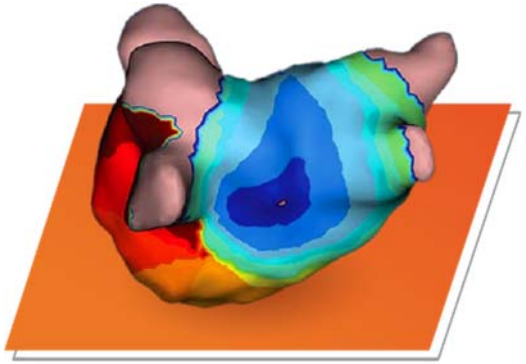
GENESIS ROBOT & IMAGING

Initiation launch of **Genesis Robotic Magnetic Navigation System**, providing the established benefits of robotics in an architecture that is smaller, lighter, faster and more flexible.
Genesis robot launched with tightly-integrated proprietary fluoroscopy system, Stereotaxis Imaging Model S, developed in collaboration with **Omega Medical Imaging**. Designed to improve image quality, reduce radiation, and significantly improve the affordability and availability of robotics.



ABLATION CATHETER

Announced development of an advanced **next-generation robotic ablation catheter**. The catheter, fully owned by Stereotaxis, is being developed in collaboration with **Osypka AG**.



OPEN MAPPING

OpenMapping software architecture implemented to support broad integration of mapping and diagnostic information. Successful integration with AcQMap, an innovative intraoperative mapping system of **Acutus Medical,** and with advanced preoperative maps of **inHeart, ADAS3D** and **VIVO**.

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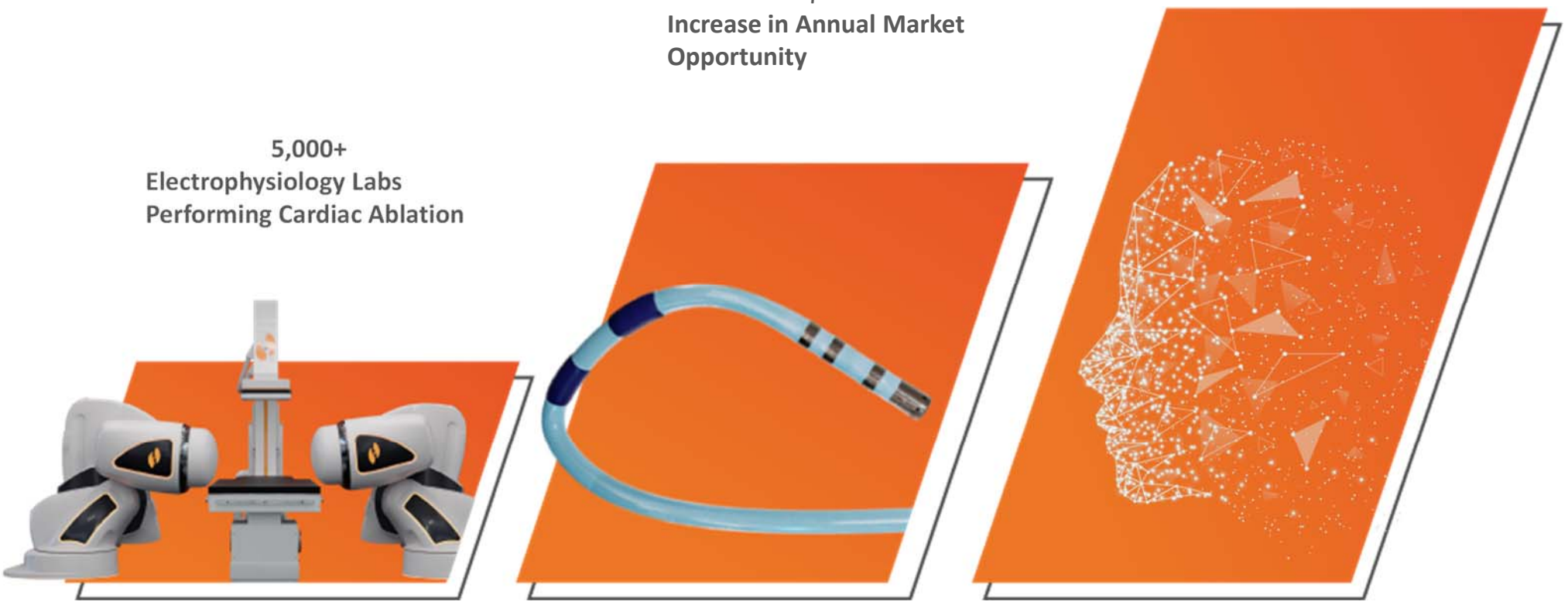
INNOVATION DRIVING GROWTH

$10B+
Multiple Multi-Billion Dollar Endovascular & Endoluminal Markets To Be Addressed

$2B+
Increase in Annual Market Opportunity

5,000+
Electrophysiology Labs Performing Cardiac Ablation



Robotic System Sales

Proprietary Ablation Catheter

New Clinical Applications

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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

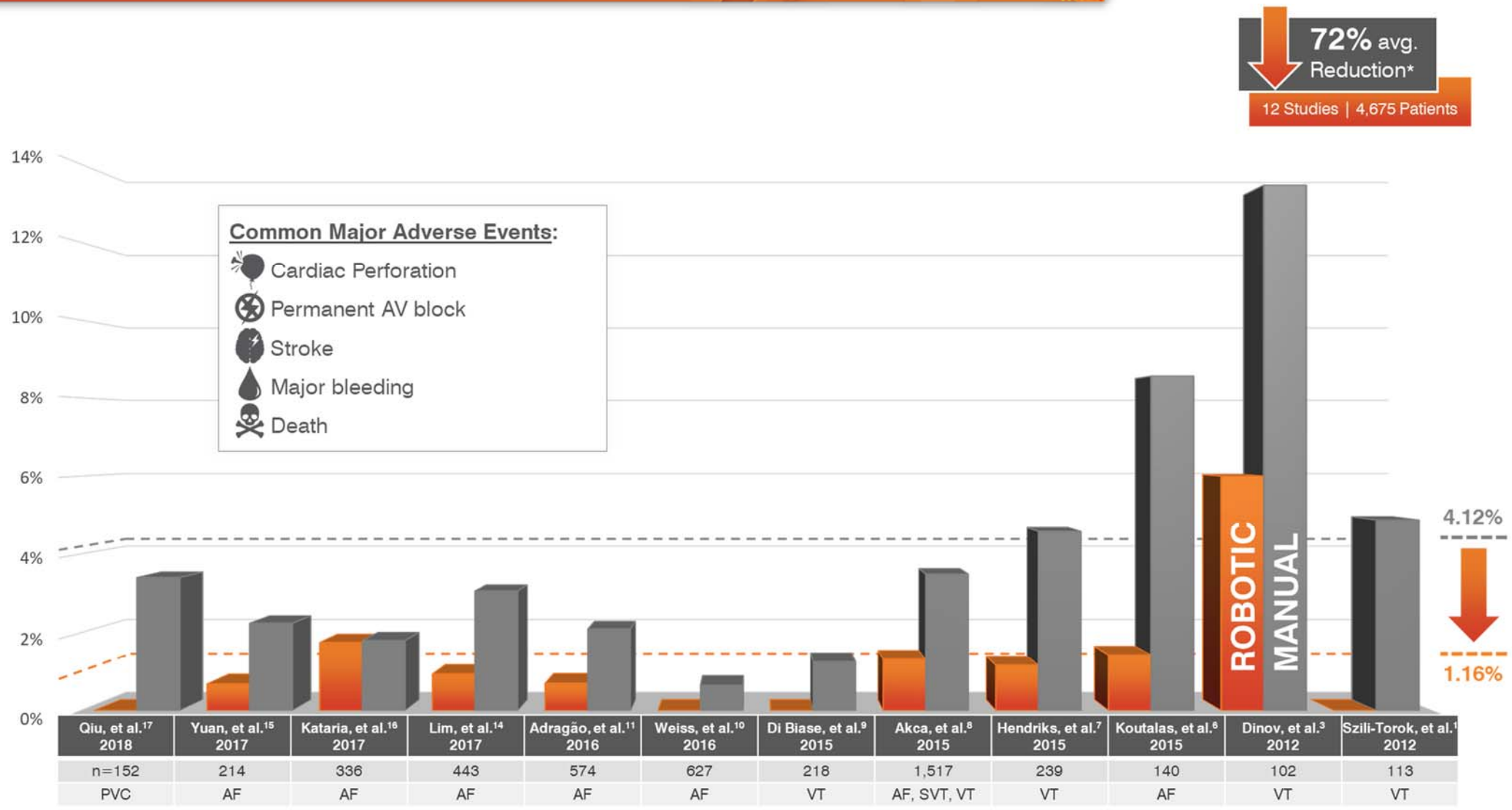
- Large growing existing and future markets
- Pipeline of significant innovation

STEREOTAXIS

APPENDIX

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

Appendix: Major Adverse Events



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

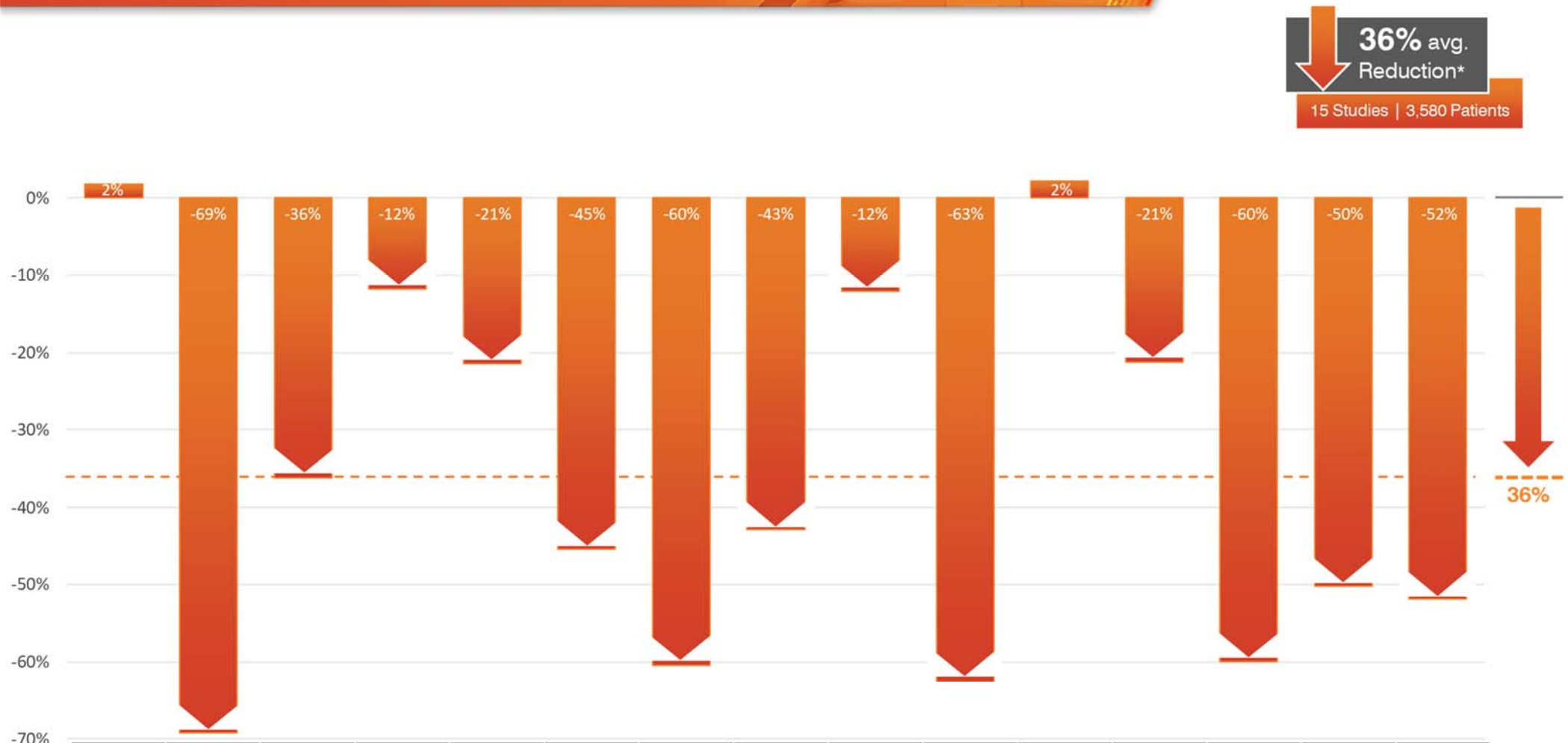
Major adverse event rates comparing RMN (orange) vs. manual navigation (gray) in head-to-head publications of >50 patients from 2012-2020. Studies which did not report data for major adverse events[4, 5] or reported no major adverse events in either group[2, 12, 13, 18] were excluded.

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

*Represents simple average of all included studies

STEREOTAXIS

Appendix: Fluoroscopy Reduction



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

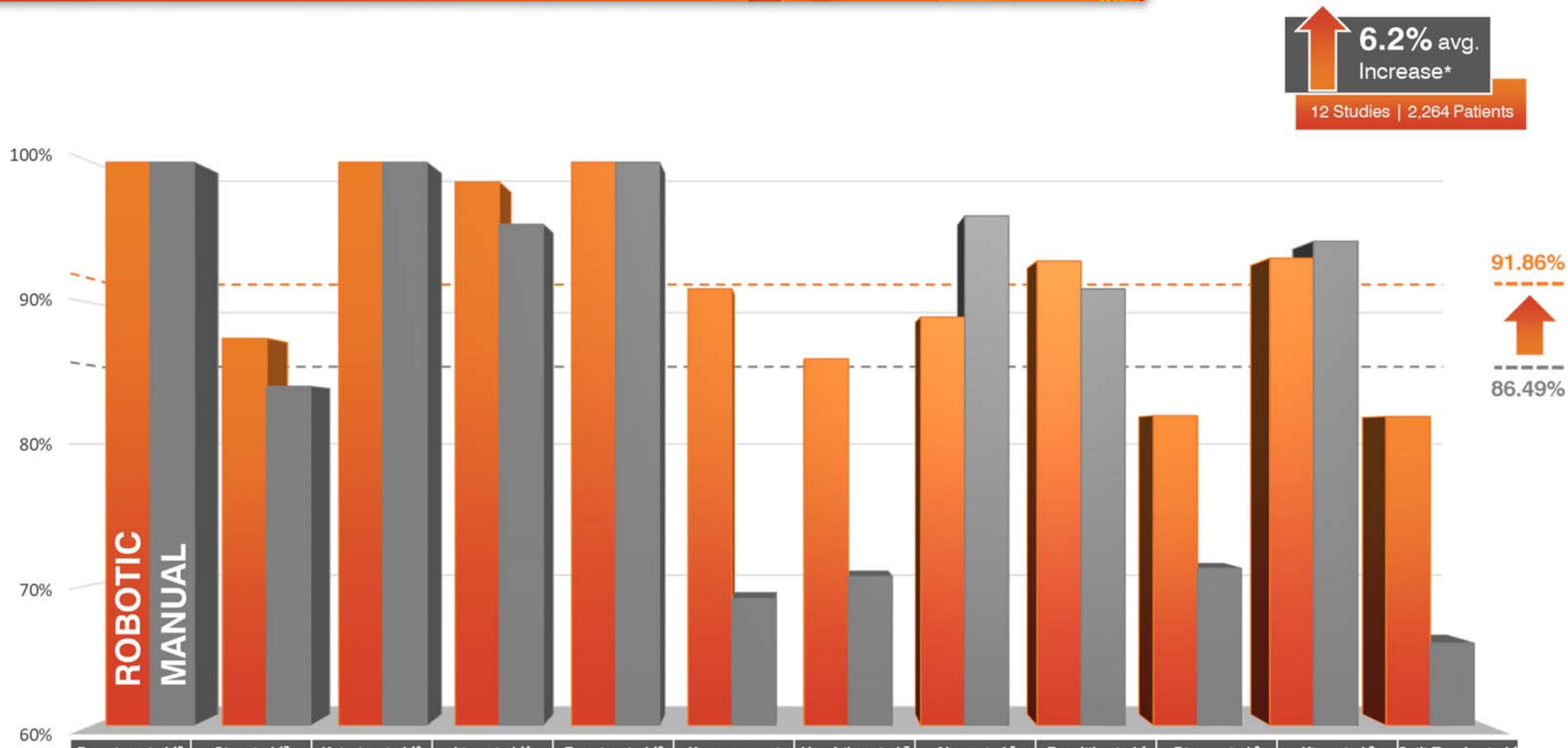
Average reduction in patient fluoroscopy exposure comparing RMN (orange) vs. manual navigation in head-to-head publications of >50 patients from 2012-2020. Studies which did not report fluoroscopy exposure data were excluded. [7, 8, 9]

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

STEREOTAXIS

Appendix: Acute Efficacy



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

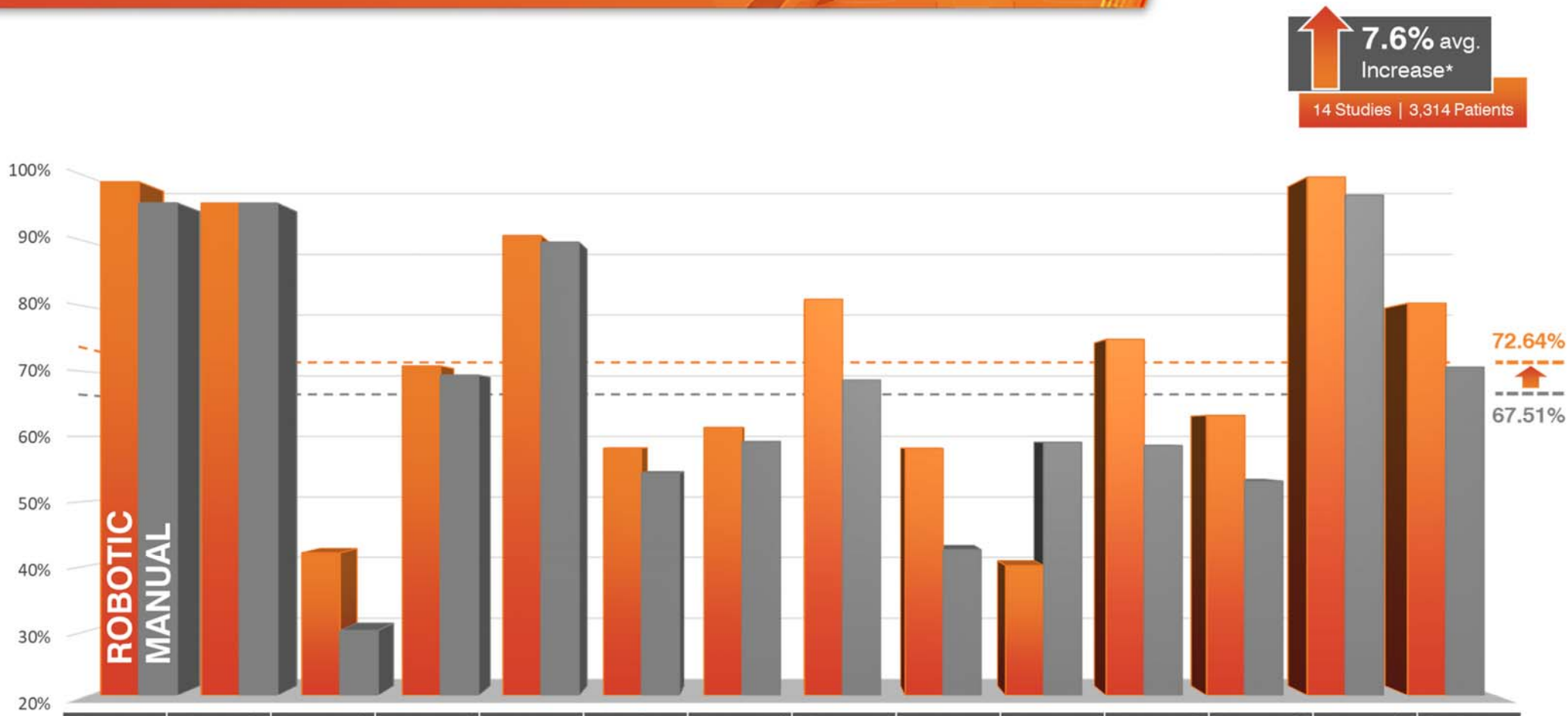
Acute success rates comparing RMN (orange) vs. manual navigation (gray) in head-to-head publications of >50 patients from 2012-2020.
Studies which did not report acute success data were excluded.[6, 8, 9, 10, 11, 15]

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

STEREOTAXIS

Appendix: Long Term Efficacy



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

STEREOTAXIS

References

1. Szili-Torok T, Schwagten B, Akca F, Bauernfeind T, Abkenari LD, Haitsma D, et al. Catheter ablation of ventricular tachycardias using remote magnetic navigation: a consecutive case-control study. J Cardiovasc Electrophysiol. 2012;23(9):948-54.
2. Kim JJ, Macicek SL, Decker JA, Kertesz NJ, Friedman RA, Cannon BC. Magnetic versus manual catheter navigation for ablation of free wall accessory pathways in children. Circ Arrhythm Electrophysiol. 2012; 2012;5:804-8.
3. Dinov B, Schönbauer R, Wojdyla-Hordynska A, Braunschweig F, Richter S, Altmann D, et al. Long-term efficacy of single procedure remote magnetic catheter navigation for ablation of ischemic ventricular tachycardia: a retrospective study. J Cardiovasc Electrophysiol. 2012;23(5):499-505.
4. Roudijk RW, Gujic M, Suman-Horduna I. Catheter ablation in children and young adults: is there an additional benefit from remote magnetic navigation? Net Heart J. 2013;21:296–303.
5. Akca F, Theuns DAMJ, Dabiri Abkenari L, de Groot NMS, Jordaens L, Szili-Torok T. Outcomes of repeat catheter ablation using magnetic navigation or conventional ablation. EP Europace. 2013;15(10):1426-31.
6. Koutalas E, Bertagnolli L, Sommer P, Richter S, Rolf S, Breithardt O, et al. Efficacy and safety of remote magnetic catheter navigation vs. manual steerable sheath-guided ablation for catheter ablation of atrial fibrillation: a case-control study. Europace. 2015;17(2):232-8.
7. Hendriks AA, Akca F, Dabiri Abkenari L, Khan M, Bhaqwandien R, Yap SC, et al. Safety and clinical outcome of catheter ablation of ventricular arrhythmias using contact force sensing: consecutive case series. J Cardiovasc Electrophysiol. 2015;26(11):1224-9.
8. Akca F, Janse P, Theuns DA, and Szili-Torok T. A prospective study on safety of catheter ablation procedures: contact force guided ablation could reduce the risk of cardiac perforation. Int J Cardiol. 2015;179:441-8.
9. Di Biase L, Tung R, Burkhardt JD, Romero J, Trivedi C, Mohanty S, et al. Scar homogeneization ablation in patients with ischemic cardiomyopathy: comparison between remote magnetic navigation and manual ablation. Circulation. 2015;132 Suppl 3.
10. Weiss JP, May HT, Bair TL, Crandall BG, Cutler MJ, Day JD, et al. A Comparison of Remote Magnetic Irrigated Tip Ablation versus Manual Catheter Irrigated Tip Catheter Ablation With and Without Force Sensing Feedback. J Cardiovasc Electrophysiol. 2016;27 Suppl 1:S5-S10.
11. Adragão PP, Cavaco D, Ferreira AM, Costa FM, Parreira L, Carmo P, et al. Safety and Long-Term Outcomes of Catheter Ablation of Atrial Fibrillation Using Magnetic Navigation versus Manual Conventional Ablation: A Propensity-Score Analysis. J Cardiovasc Electrophysiol. 2016;27 Suppl 1:S11-6.
12. Kawamura M, Scheinman MM, Tseng ZH, Lee BK, Marcus GM, Badhwar N. Comparison of remote magnetic navigation ablation and manual ablation of idiopathic ventricular arrhythmia after failed manual ablation. J Interv Card Electrophysiol. 2017;48(1):35-42.
13. Reents T, Jilek C, Schuster P, Nölker G, Koch-Büttner K, Ammar-Busch S, et al. Multicenter, randomized comparison between magnetically navigated and manually guided radiofrequency ablation of atrioventricular nodal reentrant tachycardia (the MagMa-AVNRT-trial). Clin Res Cardiol. 2017;106(12):947-52.
14. Lim PCY, Toh JJH, Loh J, Lee ECY, Chong DTT, Tan BY, et al. Remote magnetic catheter navigation versus conventional ablation in atrial fibrillation ablation: Fluoroscopy reduction. J Arrhythm. 2017;33(3):167-71.
15. Yuan S, Holmqvist F, Kongstad O, Jensen SM, Wang L, Ljungström E, et al. Long-term outcomes of the current remote magnetic catheter navigation technique for ablation of atrial fibrillation. Scand Cardiovasc J. 2017;51(6):308-15.
16. Kataria V, Berte B, Vandekerckhove Y, Tavernier R, and Duytschaever M. Remote Magnetic versus Manual Navigation for Radiofrequency Ablation of Paroxysmal Atrial Fibrillation: Long-Term, Controlled Data in a Large Cohort. Biomed Res Int. 2017;2017:6323729.
17. Qiu X, Zhang N, Luo Q, Liu A, Ji Y, Ye J, et al. Remote magnetic navigation facilitates the ablations of frequent ventricular premature complexes originating from the outflow tract and the valve annulus as compared to manual control navigation. Int J Cardiol. 2018;267:94-99.
18. Parreira L, Marinheiro R, Carmo P, Cavaco D, Reis-Santos K, Amador P, et al. Atrioventricular node reentrant tachycardia: Remote magnetic navigation ablation versus manual ablation – impact on operator fluoroscopy time. Revista Portuguesa de Cardiologia. 2019;38(3):187-192.

STEREOTAXIS