



MedWand: Meeting Patients Where They Are

Driving Change

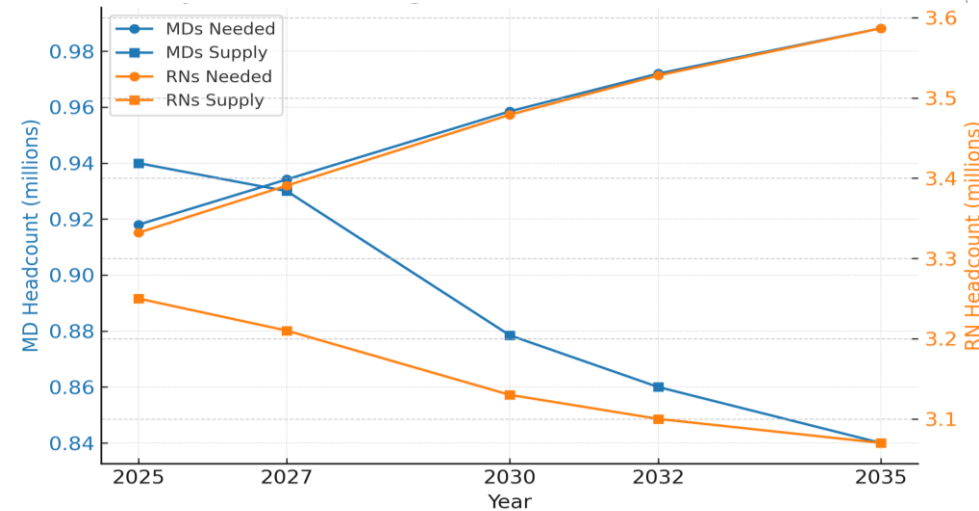
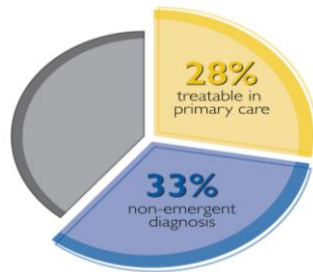
The Importance of Nurses & Technology to Support Clinicians and Change the Way Healthcare Is Delivered

Agenda

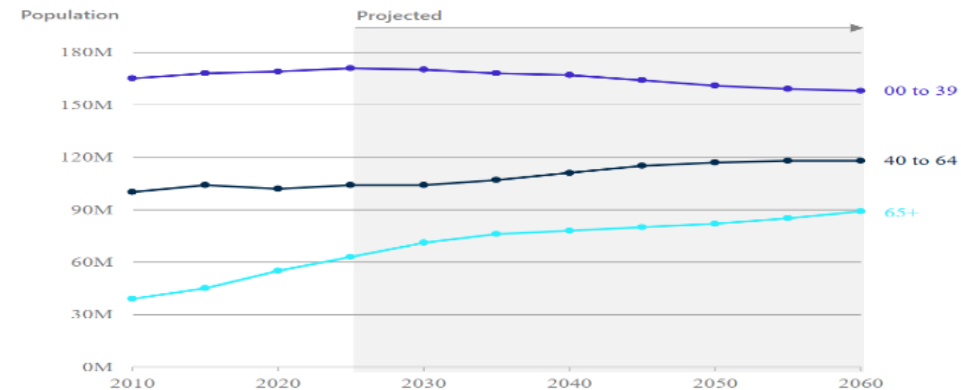
- Introduction to MedWand Solutions- Overview & introductions
- The Problem
- How Nurses & Provider are Key to the Future of Telehealth & it's Success
- Demonstration
- Use Cases & Regulatory
- Questions & Answers

The Problem

1. **Shortage of MD's and Nurses**- the supply does not match the demand
2. **Aging Population**- age that is not typically good with technology and many with several comorbidities
3. **Hospital Closures**- decreased access to care.
4. **Poor data**- fragmented data and missing vitals
5. **Results**- Increased cost. 18 million avoidable ER visits costing \$32B annually



POPULATION CHANGE BY AGE BAND



5 YEAR % GROWTH BY AGE GROUP FOR 2010-2060

We are solving this with an FDA-cleared remote diagnostic technology in conjunction with integrations, AI overlay, and remote staff (nurses, community health workers, providers)





Collaboration efforts

*The solutions exist. It takes everyone
working together to achieve success.*



The Solution- MedWand

Connecting Patients to Clinicians



- ▶ MedWand provides diagnostic-quality exams remotely:
 - FDA Cleared, Handheld Device with Integrated Sensors (5) that Capture essential vitals
 - A cloud-based Software/Telehealth Platform (App) that aggregates clinical data into a single report
 - Transforms a typical telehealth visit into a comprehensive exam
- ▶ ***We have validated comprehensive remote exams with Fortune 500 companies and government ministries across four countries***

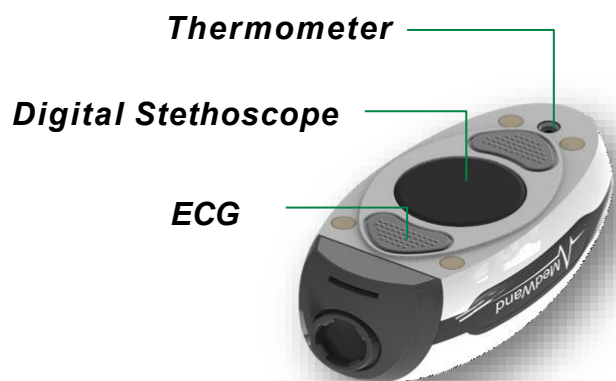
Nurses, Physicians & APPs Are the Drivers



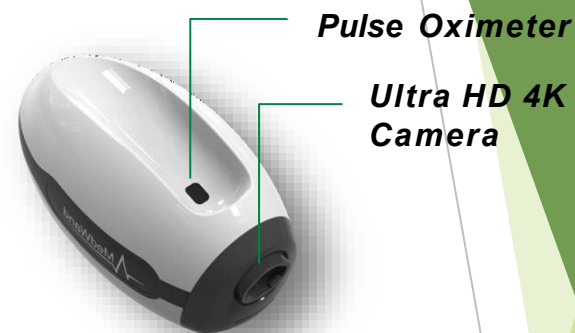
Technology is everywhere, but technology alone doesn't change healthcare. People do.

1. Workflow identification
2. Oversight of community health workers, if needed
3. Patient support- coordination of care & instructional support
4. Direct communications with the Providers
5. Collection of good data - ability to triage and potentially avoid send outs
6. Together they create trust- technology alone does not do this

Product Deep Dive



Multiple Attachments:



Ear / Nose



Throat



Skin

Integrates Data From Bluetooth 3rd Party Devices Such as:

Blood Pressure
(ForaCare & Omron)

Glucometer
(ForaCare & Accu-Check)

Spirometer
(CMI)

Weight Scale
(ForaCare)

12-lead ECG
(QT Medical)

Other
possibilities



MedWand Enables Operational Flexibility

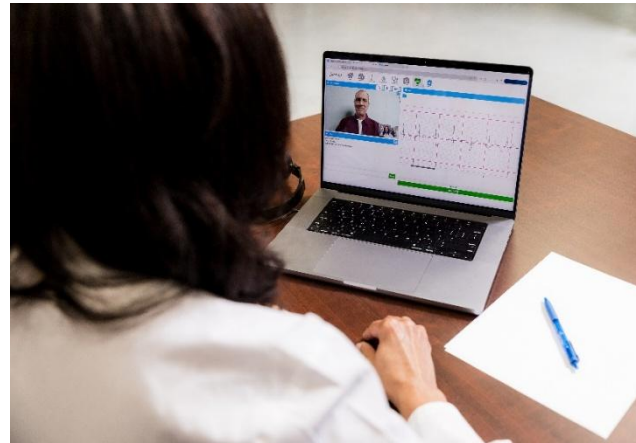
Three Options Available to Meet Operational Needs and Create Efficiencies:

REMOTE



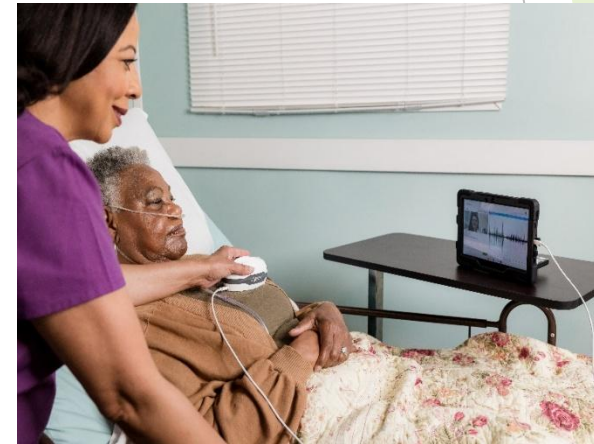
Capture, Store & Forward
Vitals Data (Asynchronous)

VIRTUAL



Data Capture During Live
Video Conference (Synchronous)

ONSITE



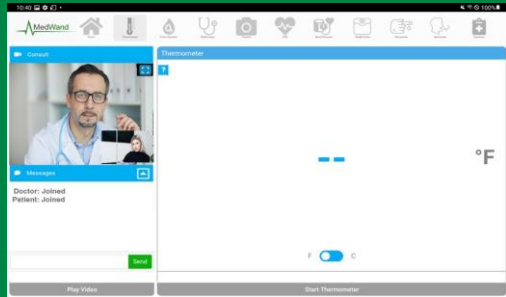
Hybrid Version: Offsite physician
can be brought into exam real
Time - *unique to MedWand*

MedWand Demo

The MedWand Virtual Care Platform

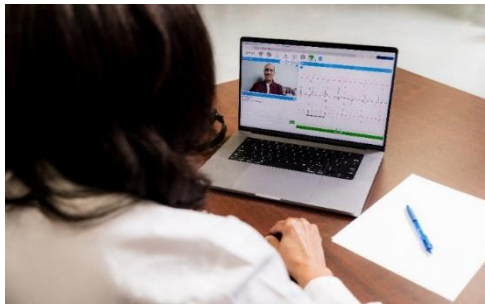
Two components to platform:

CLOUD SERVICES



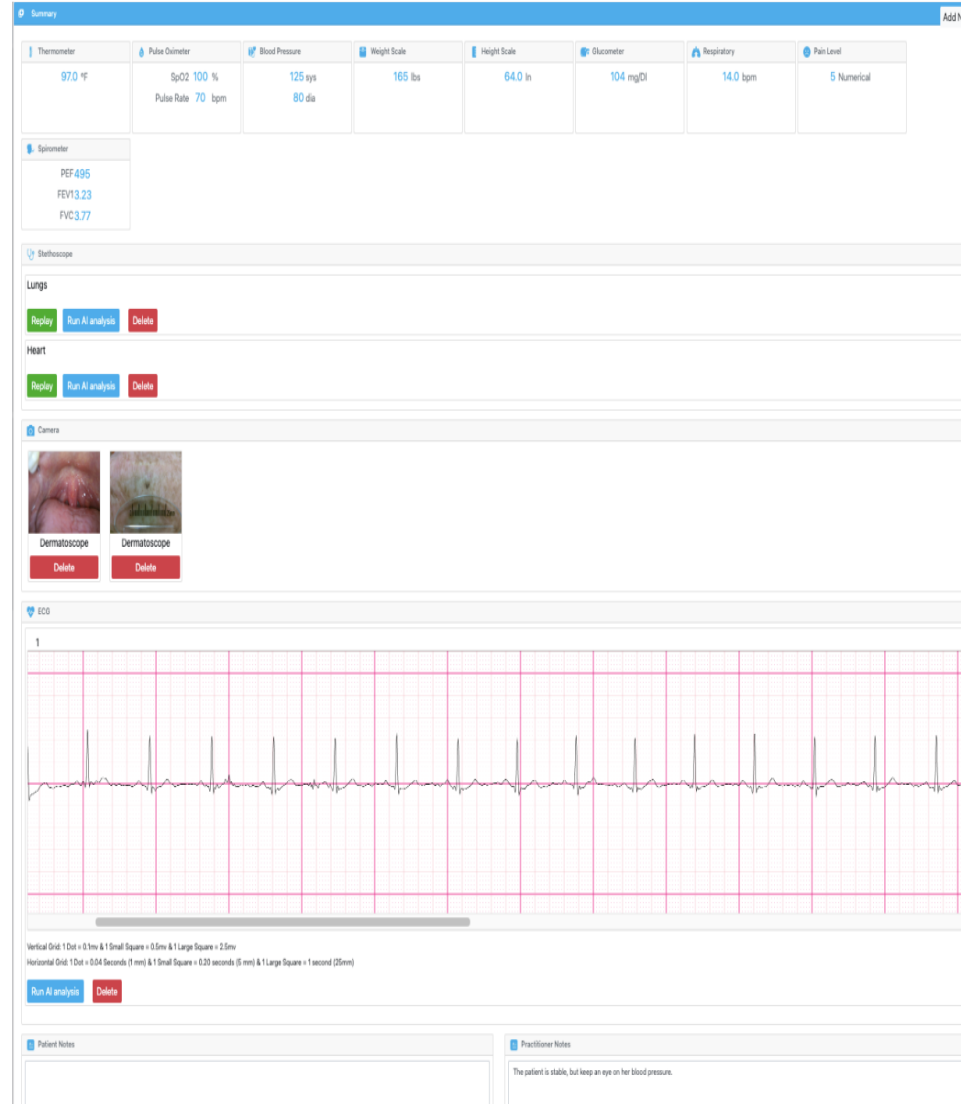
Include HIPAA compliant telehealth platform with API connectivity for integration to EHR or practice management software

DOCTOR PORTAL



Browser based interaction supporting high-quality video conferencing with simultaneous monitoring of MedWand sensors

Exam data aggregated into one report:



Integration Options

API Integration- seamlessly punch out of your application into MedWands VirtualCare app and back. The information is automatically transferred to the destination of your end points.

OR

SDK Integration- If you have your own telemedicine platform for video visits, it may be beneficial to use our SDK option instead. This would allow you to manipulate the MedWand directly within your own telemedicine solution versus punching out to our app and exam room.



Use Cases- What We Are Seeing Across the World

Global Use Cases: Kingdom of Saudi Arabia (KSA)



Saudi MOH · Seha Virtual Hospital · 50 Home Pilot | June-Nov 2025

⚠ THE CHALLENGE

- ▶ Severe specialist shortage relative to a large, dispersed population
- ▶ High comorbidity burden: Diabetes & Hypertension each at 49%, Heart Disease 20%
- ▶ Frequent in-person facility visits — costly, burdensome for chronically ill patients
- ▶ MOH needed home-monitoring that matched clinical quality of in-person care

✓ HUB & SPOKE SOLUTION

- ▶ Hub: Seha Virtual Hospital — specialists in Family Medicine, Cardiology & Internal Medicine
- ▶ Spoke: 50 chronic-disease patient homes across the Kingdom
- ▶ MedWand devices deployed home; patients/family assisted with exams
- ▶ Vitals, ECG, stethoscope & camera streamed live to specialist for real-time consult
- ▶ SFDA-approved · integrates with Sehhaty national health app

Reach & Utilization

50

Devices Deployed

44

Total Beneficiaries Served

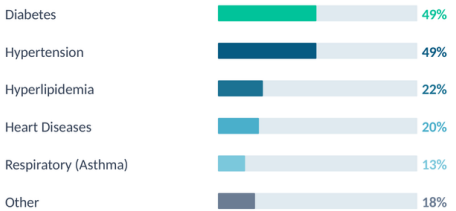
84

Total Appointments

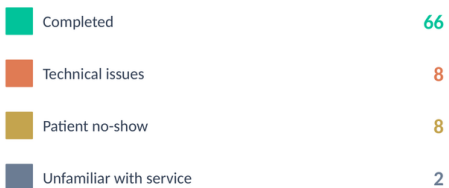
79%

Appointment Completion Rate

Patient Health Conditions



Appointment Breakdown



Total: 84 appointments (incl. 6 extended-family beneficiaries)

45%

Reduction in facility visits

75%

Improvement in chronic disease management

75%

Physicians: consult without in-person referral

79%

Appointment completion rate

Global Use Cases: Thailand - Chiang Rai Province



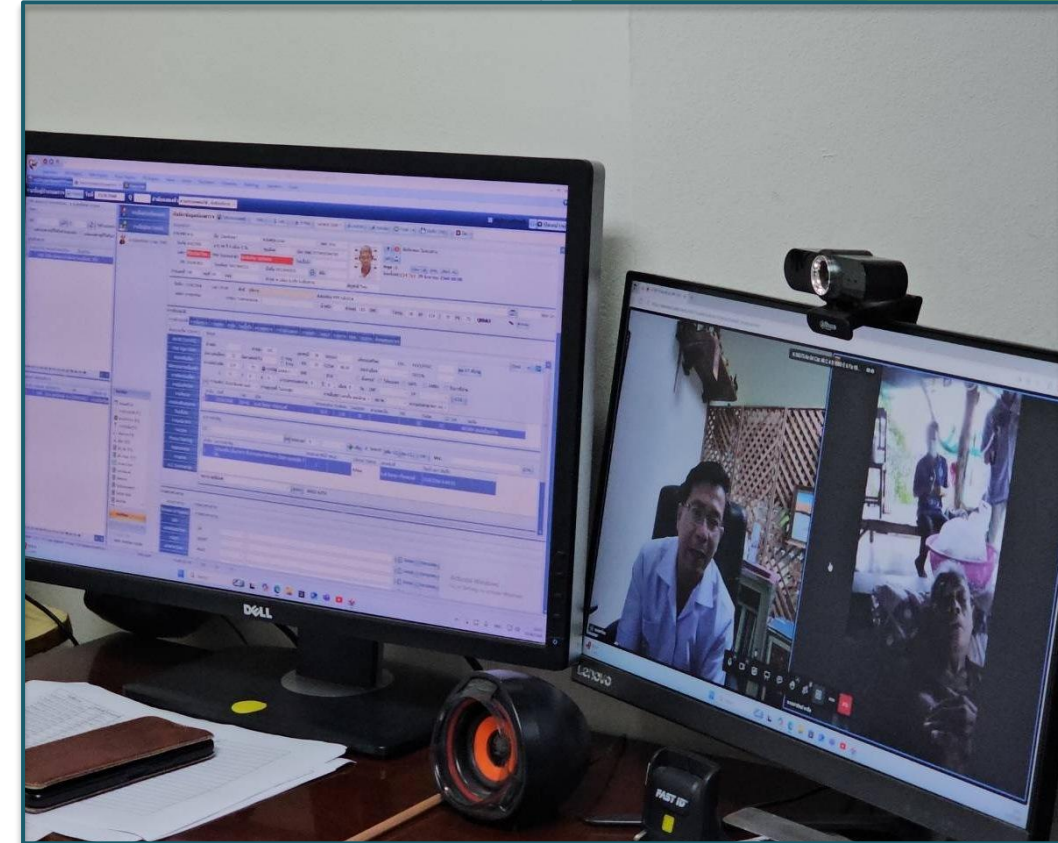
Princess Mother's Medical Volunteer Programme (PMMV) - Ministry of Public Health Telemedicine Project

⚠ THE CHALLENGE

- ▶ Northernmost province — mountainous terrain isolates hill-tribe communities (Karen, Akha, Hmong)
- ▶ Critical physician shortage in remote sub-districts; CHWs manage most primary care
- ▶ Language barriers and unpaved roads make hospital access extremely difficult
- ▶ Periodic outreach caravans provided no continuity of care between visits

✓ HUB & SPOKE SOLUTION

- ▶ Hub: District & provincial hospitals with physicians on telemedicine platform
- ▶ Spoke: Remote village clinics — PMMV health volunteers equipped with MedWand
- ▶ Volunteers perform exams (vitals, ECG, camera, stethoscope) in the field
- ▶ Live video to hub physician enables real-time diagnosis and treatment decisions
- ▶ Thailand MOPH extended model to home-care settings kingdom-wide



Remote Villages

Hill-tribe communities reached in Chiang Rai

Year-Round Care

Continuous care replacing periodic caravans

Live Video Consult

Field exam → specialist decision in real time

MOPH Backed

Thailand Ministry of Public Health partnership

Global Use Cases: Rwanda - Rural Outpost Clinics



Community Health Worker Program · District Hospital Hub & Spoke

⚠ THE CHALLENGE

- ▶ Fewer than 1 physician per 10,000 people — one of the lowest ratios in sub-Saharan Africa
- ▶ Outpost health posts staffed only by community health workers, not clinicians
- ▶ Hilly geography fragments rural communities; patients travel hours to district hospitals
- ▶ Serious conditions routinely go undiagnosed at outpost level — no diagnostic tools

✓ HUB & SPOKE SOLUTION

- ▶ Hub: District hospitals with qualified clinicians and specialists
- ▶ Spoke: Rural outpost health posts (e.g. Girubuzima Health Post) equipped with MedWand
- ▶ CHWs conduct full diagnostic exams — vitals, ECG, stethoscope, camera — at the outpost
- ▶ Exam data + video transmitted to district physician for remote review and prescription
- ▶ Reduces unnecessary referral travel; preserves hospital capacity for critical cases



<1:10K

Physician-to-population
ratio in rural Rwanda

Outpost
Clinics

Health posts connected
via hub & spoke

Same-Day
Consult

CHW exam → district
physician decision

Reduced
Referrals

Patients managed locally
without hospital travel

Global Use Cases: Argentina - Salta Province (Salvador Mazza)

Rural Border Clinic · Northeast Salta · 100% Public Health System | Population ~27,000

⚠ THE CHALLENGE

- ▶ Salvador Mazza sits on the Bolivia border — one of the poorest corridors in Salta Province
- ▶ Entire northeast region served by a single public clinic; specialists hours away in Salta city
- ▶ High rates of neglected tropical diseases, malnutrition, and maternal health challenges
- ▶ Indigent population cannot afford travel costs to access specialist care

✓ HUB & SPOKE SOLUTION

- ▶ Hub: Specialist hospital system in Salta city
- ▶ Spoke: Salvador Mazza border clinic with nurses equipped with MedWand
- ▶ Nurses perform comprehensive on-site diagnostic exams in real time
- ▶ Specialist consults conducted remotely — no patient travel required
- ▶ Public-system integration ensures free access for the entire 27,000-person catchment



27K

Population served
in the northeast corridor

**Specialist
Access**

Remote consults replacing
long-distance travel

**100%
Public**

Free at point of care
for all residents

**Border
Coverage**

Bolivia border region
fully connected

Current Regulatory Status

Status	Markets
Cleared	US, Saudi Arabia, Thailand, New Zealand, Lebanon
Submitted	Argentina, Paraguay, Malaysia, UAE
Targeted for Submission <i>by Q4 26/Q1 27</i>	Europe (CE Mark), UK, Australia, Nigeria



Why MedWand?

Technology is everywhere, but technology alone doesn't change healthcare. People do.

MedWand's enables a comprehensive patient assessment by clinician remotely and provides peace of mind

By remotely enabling the triage of patients, MedWand reduces in person appointments, patient admissions and readmissions

MedWand is a portable, easy to use device that seamlessly integrates with EHR

Physicians require data to make treatment decisions - we can now provide remotely



Questions?

THANK YOU

Making Healthcare more
accessible for anyone,
anytime, anywhere

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