ASX ANNOUNCEMENT

ASX: CVB

19 November 2026

CurveBeam AI to present at NWR Healthcare Technology Lunch

Melbourne, Australia & Hatfield, Pennsylvania: CurveBeam AI Limited (ASX: CVB **"CurveBeam AI"** or the **"Company"**), a fully integrated developer and manufacturer of point-of-care specialised weight bearing CT imaging (WBCT) equipment, supported by a range of AI-enabled SaaS-based clinical assessment solutions, is pleased to announce that CEO Greg Brown will present at the NWR Healthcare Technology Lunch today.

His presentation is herewith.

Release approved by the CEO.

About CurveBeam AI Limited

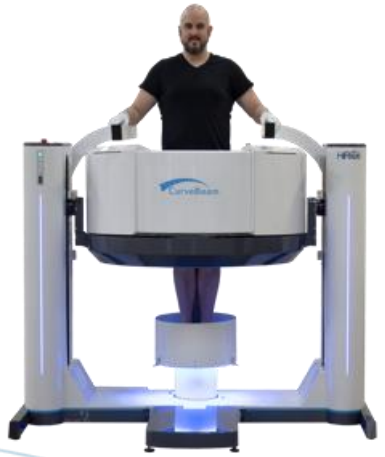
CurveBeam AI (ASX:CVB) develops, manufactures and sells specialised medical imaging (CT) scanners, coupled with AI SaaS-based clinical assessment solutions, to support medical practitioners in the management of musculoskeletal conditions. The Company's flagship CT scanner, HiRise™, performs weight bearing CT scans as well as traditional non weight bearing CT scans, providing a range of advantages over the use of traditional CT or MRI devices. CurveBeam AI has more than 70 employees with its corporate office, AI and IP functions located in Melbourne, VIC, Australia and global operations headquarters in Hatfield, Pennsylvania, USA.

For further information go to https://curvebeamai.com

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CurveBeam AI



NWR Healthcare Technology Lunch
CurveBeam AI Investor Deck (ASX:CVB)

Thursday November 19th 2026

Point of Care (PoC) WBCT with future bone quality assessment

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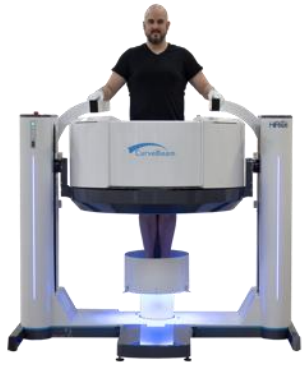
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See also the section captioned "International Offer Restrictions" near the end of this presentation.

CURVEBEAM AI COMPANY HIGHLIGHTS



Combining Weight Bearing CT (WBCT) imaging equipment with AI solutions to target faster, more efficient point of care clinical assessment to aid in orthopaedic restoration of function & bone health



- **FDA cleared | TGA & CE mark | NMPA**
  - U.S. & German reimbursement in place[1]
- **200+ weight bearing CT units (WBCT) globally**
- **USA co-marketing & distribution agreement with Stryker Corp. Foot & Ankle (NYSE:SYK)**
- **Chinese investor/partner/manufacturer/distributor Wego Orthopedics**
- **US sites: Mayo (3), Harvard, Penn, Duke, HSS**

MAYO CLINIC · HARVARD UNIVERSITY · Penn University of Pennsylvania · Duke University

- **37 granted patents | 27 pending patents**

1. https://pubmed.ncbi.nlm.nih.gov/37921528/ - *Nearly All Peer-to-Peer Reviews for CT and MRI Prior Authorization Denials for Orthopedic Specialists Are Approved*

THE PROBLEM

THE SOLUTION

Traditional CT Scans don't show the joint under its natural weight

Traditional CT Scan
(i.e. non-weight bearing)



TRADITIONAL CT SCANNER



Additional Challenges:

- ✖ Can be large and bulky pieces of equipment
- ✖ Requires referral out for scans, multiple visits
- ✖ Requires specialized technologist
- ✖ Requires requires advanced infrastructure, i.e. HVAC, control room, high voltage power

HiRise™ CT Scan
(i.e. weight bearing & non-weight bearing)



HIRISE™ SCANNER



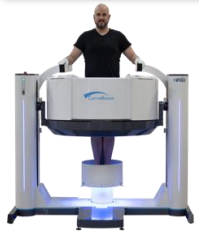
Additional Benefits:

- ✓ Small enough to fit in a group surgeons' practice
- ✓ Provides images under a person's own body weight
- ✓ Can be run by X-ray staff, lower patient radiation dose per scan
- ✓ Improves surgeon patient workflow

PRODUCT PORTFOLIO

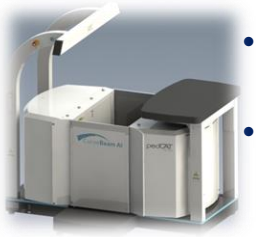
Lead Product

HiRise™ CT Scan
(i.e. weight bearing & non-weight bearing)



- FDA cleared | CE Mark | TGA
- Foot, ankle, hip, knee, joint replacement, full leg scan and upper extremity

pedCAT® Evo
(i.e. weight bearing)



- FDA targeted 2027
- Foot and ankle

InReach®



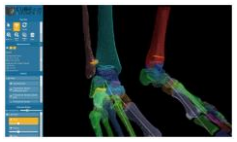
- FDA cleared | CE Mark | TGA
- Extremity cone beam CT imaging for the hand, wrist, forearm, elbow and distal lower extremities

CubeVue®



- FDA cleared
- Advanced visualization tools to enhance dataset analysis

AI Autometrics®



- Investigational use
- Automatically segments foot and ankle datasets

Why Weight Bearing CT Matters: Workflow Perspective

Patient Journey: Current State

Surgeon refers patient for CT imaging

First **visit to surgeon**



CT Scan sent to surgeon (1-7 days)

Patient undergoes CT imaging

Radiologist *bills for scan (~$240-$400 per scan)*

Surgeon refers patient over 65 for bone density imaging

Second **visit to surgeon**



BMD result sent to surgeon (1-8 weeks)

Patient undergoes bone mineral density (BMD) imaging

Radiologist *bills for BMD scan (~$90-150 per scan)*

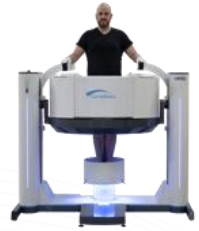
Third **visit to surgeon**

Surgery Plan

Patient Visits to Surgeon	2-3
CT Revenue to Surgeon	$0
BMD Revenue to Surgeon	$0

Patient Journey: With HiRise™

First **visit to surgeon**



Patient undergoes CT imaging with BMD analysis

Surgeon *has HiRise™ in their group setting/ASC*

Surgery Plan

Patient Visits to Surgeon	1
CT Revenue to Surgeon	~$250-$400
BMD Revenue to Surgeon	~$90-$150

Better experience for patient; more profitable for surgeon

GLOBAL GROWTH STRATEGY

Successful placement of HiRise™ devices four continents

NORTH AMERICA
Operations HQ (Penn.)
4 FTE Sales reps
Marketing Team
Partner Management (Stryker)
52+ HiRise™ & 56 Pedcat Placements



EUROPE
6 Distributors
2 FTE Sales reps
20+ HiRise™ Placements

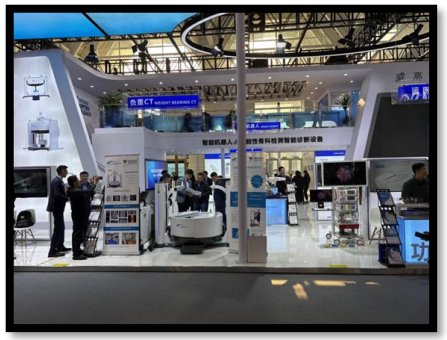
GREATER CHINA
Recently announced partnership with WEGO
1 HiRise™ Placement

MENA
1 Distributor

Japan /ASIA
4 Distributors

SOUTH AMERICA
2 Distributors

AUSTRALIA
Corporate Office HQ
SE ASIA Mgt
Direct sales
2 HiRise™ Placements



Over 70+ HiRise™ placements globally

GREATER CHINA MARKET OPPORTUNITY

Chinese Partner Opens up China, SE ASIA and Large Addressable Market

WEGO ORTHO 威高骨科

$10m equity investment by CVB's Asia licensing partner

Agreed valuation @ $0.405 per share

A$4M already received

Up to A$6M in further milestone payments to CVB

	Further Milestone Payments
✓ China NMPA approval for HiRise™	$1m investment
✓ Wego first 10 HiRise™ orders	$1m investment & Circa sales of A$4.3m
✓ Wego next 40 HiRise™ orders	$2m investment & Circa sales of A$17.6m
✓ NMPA China Produced HiRise™ & SkyRise™	$1m investment & $1m investment

CurveBeam AI

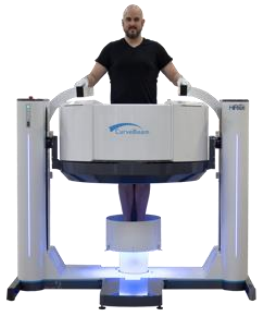
BUSINESS MODEL

U.S. Reimbursement Coding in place

1x Sale

Capital Equipment
HiRise™

- USD$410k - $465k per unit[1] (A$585K – A$664K)
- Target customer: group surgeon groups & hospitals
- Targeting US CPT code 73700 – CT scan lower extremity, under NCD 220.1
- 80+ units sold (52 in the U.S.)



Recurring revenue opportunity

Bone Mineral Density ("BMD") Testing
SaaS Model

- Expand BMD test capability to the surgeon group practice
- New SaaS revenue stream from HiRise™ placements
- Targeting US CPT code 77078 – CT BMD, under NCD 150.3
- Targeting an annuity of ~US$225K per unit (A$320K per unit)
- BMD MDCT FDA clearance anticipated H2 2026 followed by HiRise clearance anticipated Q1 2027



1. Depending if an extended warranty is purchased

ENHANCED HIRISE™ VALIDATION IN KNEE/HIP

Validation ongoing with multiple suppliers of knee products

- CVB **working to validate** HiRise™ for multiple knee non-robotic surgery options
  - 1) Restor3d/Conformis, 2) Medacta Knee Osteotomy PSI[1],3) Newclip - knee Osteotomy PSI[1]

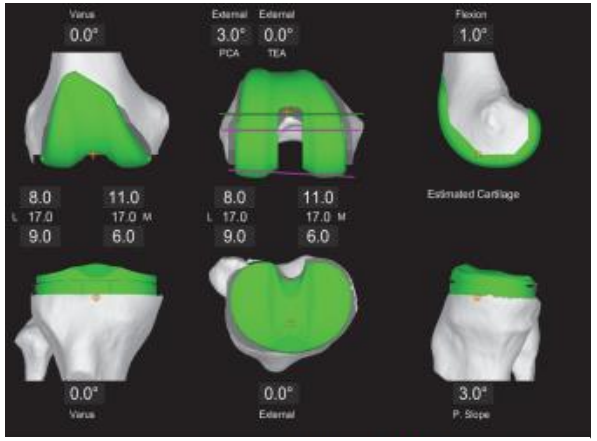
CVB is focused on robotic surgical CT pre-planning validation

- HiRise™ validation is expected to increase sales for systems with CT based plan
- Robotic system pre-authorization helps justify use of CT, & is supported by an average $400 Out-of-Pocket (OOP), in some cases by a co-pay payment for CT
- CT is done today by referring to radiology for a routine multidetector CT (supine)
- HiRise™ validation should improve workflow & improve surgeon CT revenue
- Product improvements, enhanced patient stabiliser & software-based anatomical alignment refinements (PPR)
- Examples of hardware improvement

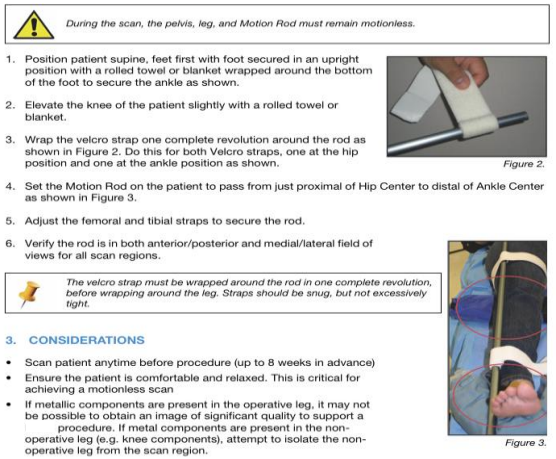




What is a robotic cut guide



What is a motion rod



During the scan, the pelvis, leg, and Motion Rod must remain motionless.

1. Position patient supine, feet first with foot secured in an upright position with a rolled towel or blanket wrapped around the bottom of the foot to secure the ankle as shown.
2. Elevate the knee of the patient slightly with a rolled towel or blanket.
3. Wrap the velcro strap one complete revolution around the rod as shown in Figure 2. Do this for both Velcro straps, one at the hip position and one at the ankle position as shown.

Figure 2.

4. Set the Motion Rod on the patient to pass from just proximal of Hip Center to distal of Ankle Center as shown in Figure 3.
5. Adjust the femoral and tibial straps to secure the rod.
6. Verify the rod is in both anterior/posterior and medial/lateral field of views for all scan regions.

The velcro strap must be wrapped around the rod in one complete revolution, before wrapping around the leg. Straps should be snug, but not excessively tight.

3. CONSIDERATIONS

- Scan patient anytime before procedure (up to 8 weeks in advance)
- Ensure the patient is comfortable and relaxed. This is critical for achieving a motionless scan
- If metallic components are present in the operative leg, it may not be possible to obtain an image of significant quality to support a procedure. If metal components are present in the non-operative leg (e.g. knee components), attempt to isolate the non-operative leg from the scan region.

Figure 3.

[1]PSI: Patient Specific Implant

CurveBeam AI

ROBOTIC MARKET – DRIVES CT DEPENDENCE

1. Robotic system adoption for orthopedics continues at a steady pace with ~ 25% of US operating rooms having access to a robot - Source Global Data 2023
2. Stryker MAKO, J&J VELYS, Zimmer ROSA and S&N CORI – held 85% of the market - Source Global Data 2023
3. MAKO is the only system of the top four to use CT scans for 3D pre-operative planning
4. Stryker has the dominant position with 3000 placements globally. US Estimate for MAKO placements 2000 https://www.borderless.net/news/life-sciences/stryker-starts-limited-release-of-mako-rps-handheld-knee-robot

J&J Velys 1000
placements at end of 2024
Does not use CT scans for surgical guides
Uses X-Ray



ZimmerBiomet 1200
placements at end of 2024
Does not use CT scans for surgical guides
Uses X-Ray



S&N CORI 1000 placements 2024.
Does not use CT scans for surgical guides. Recently started offering CT scans for hip on Coriograph
Uses X-Ray / ultrasound

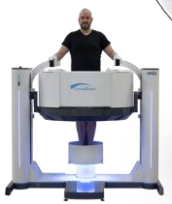




MDCT used today through radiology departments / commercial centres

CT scan today





HiRise scan for tomorrow

MAKO End of 2026 – estimated 2,600 placements
Uses only **CT scans** for surgical guides



Think Surgical (T-Mini)
Uses CT scans for knee surgical guides

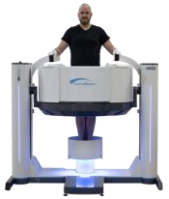


Globus Medical Excelsius Flex launches knee in March 2025. Uses CT scans for surgical guides

Notes

1. Zimmer acquired Monogram's CT-based TKA system to be commercialized in late 2027 – also acquired Paragon 28 (F&A)
2. Wego for the Chinese market is set to take a significant China position in robotics





HiRise™ WBCT scans targeting surgical cut guides at the point of care

High

Market Growth

Low

0

Low

1500 placements

Market share

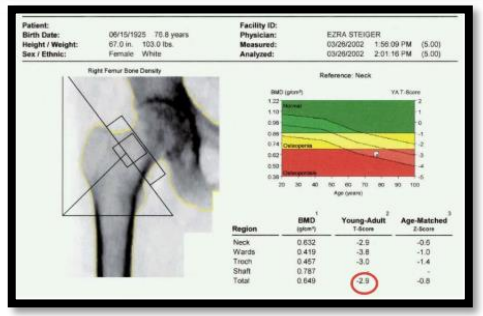
High

3000 placements

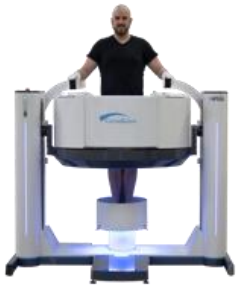
BONEVUE BMD MDCT FDA CLEARED

Multidetector CT (MDCT)





2nd Step clearance



HiRise



DXA – dual energy scanner

- September 2026, CVB U.S. FDA (FDA) 510(k) clearance for its first product for CT Bone Mineral Density (BMD) for multidetector CT (MDCT)
- Following feedback from the FDA during the 510(k)-review process, the Company will now move to complete validation of automated region-of-interest selection functionality, & reporting of T & Z scores for MDCT
- The strategy remains to leverage this initial MDCT FDA clearance as the foundation for a submission to expand BMD onto the HiRise™ platform
- This planned Special 510(k) will be supported by data collection currently being scoped & budgeted. MDCT BMD module provides CVB with an opportunity to address the unmet need for rapid bone quality assessment in the elderly within joint replacement & acute care settings

Osteoporosis and osteoporosis therapies as determinants of implant fixation failure in arthroplasty and spinal fusion constructs: a position statement from the Fracture Working Group of the Council of Scientific Advisors of the International Osteoporosis Foundation - Osteoporos Int. June 2026

NEAR TERM TARGETED MILESTONES

A number of near-term value-driving operational & commercial milestone targets

1	First $4m License Payment received from China Partner	Q1 CY26 ✓
2	Chinese FDA (NMPA) approval for US manufactured HiRise™ & further $1m Wego Equity Investment	Q4 CY26 ✓
3	Chinese Wego order - 10 US manufactured HiRise™(circa $4.3m sales) & further $1m Wego Equity Investment	Q4 CY26
4	Bone Mineral Density MDCT (BMD) CT FDA clearance	H2 CY26 ✓
5	Chinese Wego order – next 40 US manufactured HiRise™ totalling 50 (circa an additional $17.6m sales) & further $2m Wego Equity Investment	H1 CY27
6	HiRise™ cut guides validated across multiple robotic surgical platforms	Various

COMPETITION

Lacking a one size fits all approach

- Size of competitor devices not conducive to surgeon setting
- Many still are limited by multi detector computed tomography (MDCT) and the high-level radiation scans

Compact but non-natural weight bearing



PlanMed Verity

Example of Large CT Scanners



Canon Aquilion RISE



SinoVision

✖ Requires shielded room & CT Technologists to perform scan



PlanMed XFI



Angel WR

✖ Cone Beam CT limited by height restrictions, no dual lying down (non-weight bearing) option

CurveBeam AI

BOARD OF DIRECTORS

Experienced and personally invested Board



ROBERT LILLEY

Non-Executive Chairman, BA (Yale)

35 years' experience in medical device and diagnostics industry

Previously senior vice president of global sales and marketing, Digene Corporation (Nasdaq:DIGE), a molecular diagnostics company, which was subsequently acquired by Qiagen N.V. (NYSE:QGEN)

Currently Chair of Immunexpress Pty Ltd, an Australian molecular diagnostics company



GREGORY BROWN

Chief Executive Officer, B.app.Sc, MBA

35 years healthcare experience

Previously Baxter Diagnostics (Australia & UK), Roche Molecular (Switzerland/New York), Digene Corp (Washington DC/Germany)

2006-2012 ImpediMed CEO (IPD:ASX)

2014 – 2022 StraxCorp (Chairman & CEO)

Board experience: Trinity Biotech (NASDAQ), Immunexpress (IXP), IPD(ASX), UniQuest (UQ)



PATRICK FISHER

Non-Executive Director

B. Arts, MBA

Orthofix President of Global Biologics & Limb Reconstruction

Mr. Fisher previously served as Vice President & GM of the Foot & Ankle business unit with Stryker

Served as the President of Lower Extremity & Biologics for Wright Medical Technology, which was acquired by Stryker in 2020

He joined Wright Medical in 2002 and held multiple roles including Vice President of U.S. Sales

Expertise spans global marketing, R&D, sales, clinical research & medical education, with a focus on integrity, ethics, & compliance



DANIEL PRYOR

Non-Executive Director

B. Arts, MBA (Harvard)

Mr. Pryor has 30 years of experience across the industrial & medical device sectors

Senior executive roles at Enovis Corporation (Orthopedics) & Danaher Corporation (Life sciences & diagnostics)

Senior investment role at The Carlyle Group.

In his role as Executive Vice President at Enovis, he helped lead its transformation into a global medical technology platform through more than 50 acquisitions and divestitures representing over $14 billion in enterprise value



ARUN SINGH

Executive Director, COO, CTO CT, US & European president

BSc & Masters Degree in Electrical Engineering

Founder, President and CEO of CurveBeam LLC

Led the development of the first commercially viable Cone Beam CT imaging system for dental and maxillofacial imaging, with 9,000+ systems deployed today globally

Awarded Lifetime Achievement Award by the AADMRT in 2016 for his visionary contributions to advancement of cone beam CT



DR YU PENG

Executive Director,

CTO-AI, BSc & PhD

Over 18 years' experience in computer vision & machine learning & oversees technical strategy & development at CurveBeam AI, including medical image analysis, machine learning & cloud computing

PhD in Computer Vision & Machine Learning from the University of Newcastle, Australia. Visiting Professor position (honorary) in Artificial Intelligence (AI) at the University of Technology, Sydney, Australia from 2019 to 2022

RISK FACTORS

The following is a summary of the material business risks of the Group (which are not listed in order of importance or likelihood). These risks may adversely impact on the Group's financial and operating performance and prospects. Additional business risks can be found in the Group's Annual Reports. Risks include, but are not limited to:

- The Group will require, and intends to apply for, further regulatory clearances in key jurisdictions (e.g. USA FDA), as well as internal validation with key vendors, to execute its business plan. If current trials or applications are unsuccessful (e.g. HiRise™ MAKO validation through Stryker), the Group might need to lodge a subsequent request with the regulators, which could extend the clearance process by 6 to 24 months. Regulatory clearance processes are expensive, time consuming and have uncertain outcomes. No assurance can be given that the Group will obtain all clearances or targeted claims and that such clearances will not be subject to significant limitations.
- The Group's existing cleared products and future cleared products will be subject to continual review and periodic inspections by regulatory agencies. Potentially costly follow-ups or post-marketing clinical studies may be required, and previously unknown problems may result in restrictions on the sale and marketing, and possibly the withdrawal from sale of previously cleared products. If the Group fails to comply with applicable regulatory requirements, relevant regulatory agencies may take a range of actions against the Group.
- The commercial success of the Group's products and services is critically dependent on the availability (coding and coverage policy) and amounts of available reimbursement (payment). Without reimbursement, or an adequate level of reimbursement, there is little to no incentive for medical providers (and their patients) to use the Group's products and services. The Company believes that it has a favorable coding and coverage policy reimbursement position for its current, cleared CT products in the U.S. and Germany. In the USA, Prior Authorization is becoming another layer of approval needed for use of CT and payment. Current coverage policies do not always guarantee future payment or payment at the current levels and future coverage may require additional clinical trials. Reimbursement coverage for OssView will require a clinical trial to validate its benefits in the future and the Group may also need to implement a specific reimbursement strategy related to its clinical assessment SaaS modules (which can be a lengthy process). No assurance can be given that reimbursement will be provided at all, or that the reimbursement will be adequate for the Group's products and tools.
- An important aspect of the Group's business is to continue to invest in innovation and related product development opportunities. CT product and software development as well as integration into third party products is expensive and inherently risky. Products and solutions in development may not meet design objectives or be successful in either pre- or post-clinical testing. It often takes many years to develop medical software and CT devices to a point where there is a saleable product for diagnostic, economic, technical and/or regulatory reasons. Accordingly, even when such work is successful, it can be many years before the Group earns a return on its investment.
- Sales of the Group's products and services depends on the extent to which they are accepted by the market and the level of competitor activity. There is a risk that the Group's existing devices, and next generation devices, and future products may not gain targeted levels of market acceptance.
- The Group's long-term revenue and profit growth is dependent on the utilization of its SaaS based clinical assessment aids. It may be difficult to persuade some customers to change existing legacy on premises and manual solutions and adopt SaaS-based clinical assessment solutions like the Group's products.
- The Group may need to raise additional funds in the future to support its operations and business. The Group may elect to raise additional funds through the issuance of new equity securities, debt, or a combination of both. Additional financing may not be available on favorable terms, or at all, and such financing may be dilutive to Shareholders.