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ASX Release

Oventus 2019 Annual General Meeting dial in details

Brisbane, Australia 1 November 2019: Oventus Medical Ltd or the Company (ASX: OVN) is pleased to invite shareholders to participate in the 2019 Annual General Meeting (AGM) via a dial-in facility, to be held in Brisbane on 22 November from 11:00 a.m. AEST (Brisbane time).

The meeting will be chaired by Chairman, Dr Mel Bridges, and will include a presentation from CEO, Dr Chris Hart. The AGM presentation will be lodged on the morning of the AGM, along with a copy of the Chairman's script.

Date and time of meeting / conference call:

Friday, 22 November 2019 from 11:00 a.m. Brisbane time (AEST).

Dial in details

Australian toll free: 1800 870 643

Australian local (Sydney): +61 2 9007 3187

New Zealand: 0800 453 055

United Kingdom: 0800 051 8245

United States: 1855 881 1339

Conference ID

10002602

Shareholders attending in person

Please attend Thomson Geer Level 28, Waterfront Place, 1 Eagle Street Brisbane, Queensland 4000 for a 11:00 a.m. start. For further information, please visit our website at www.oventus.com.au or contact the individuals outlined below.

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For further information, please visit our website at www.o2vent.com or contact the individuals outlined below.

Dr Chris Hart, Managing Director and CEO: M: +61 409 647 496 or investors@oventus.com.au

Jane Lowe, IR Department: M: +61 411 117 774 or jane.lowe@irdepartment.com.au

About Oventus – see more at www.o2vent.com

Oventus is a Brisbane-based medical device company that is commercialising a unique treatment platform for sleep apnoea and snoring. The Company has a collaborative Sleep Physician/ Dental strategy that streamlines patients' access to treatment. The Oventus lab model incorporates digital technology via intra oral scanning to achieve operational efficiencies, accuracy and ultimately patient outcomes.

Unlike other oral appliances, Oventus O2Vent devices manage the entire upper airway via a unique and patented built-in airway. O2Vent devices allow for airflow to the back of the mouth while maintaining an oral seal and stable jaw position, bypassing multiple obstructions from the nose, soft palate and tongue. The devices reduce airway collapsibility and manage mouth breathing while keeping the airway stable.

O2Vent devices are designed for any patient that is deemed appropriate for oral appliance therapy, but especially beneficial for the many people that suffer with nasal congestion, obstruction and mouth breathing. The O2Vent allows nasal breathing when the nose is unobstructed, but when obstruction is present, breathing is supplemented via the airway integrated in the appliance.

The ExVent™ is a valve accessory that fits into the open airway of the O2Vent Optima device, to augment traditional oral appliance therapy by stabilizing the airway. The ExVent valve contains air vents that open fully on inhalation for unobstructed airflow. The valve closes on exhalation, directing the air through the vents, creating the mild resistance or airway support required to keep the airway stable (known as PEEP, positive end expiratory pressure).

According to a report published by the Sleep Health Foundation Australia, an estimated 1.5 million Australians suffer with sleep disorders and more than half of these suffer with obstructive sleep apnoea¹.

Continuous positive airway pressure (CPAP) is the most definitive medical therapy for obstructive sleep apnea, however many patients have difficulty tolerating CPAP². Oral appliances have emerged as an alternative to CPAP for obstructive sleep apnea treatment³. The O2Vent Optima and ExVent provide a discreet and comfortable alternative to CPAP for the treatment of OSA.

¹ Deloitte Access Economics. Reawakening Australia: the economic cost of sleep disorders in Australia, 2010. Canberra, Australia.

² Beecroft, et al. Oral continuous positive airway pressure for sleep apnea; effectiveness, patient preference, and adherence. Chest 124:2200–2208, 2003

³ Sutherland et al. Oral appliance treatment for obstructive sleep apnea: An updated Journal of Clinical Sleep Medicine. February 2014.