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Corporate Presentation

May 2016

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A Rejuvenated Company now on the Move …

- A Pioneering Leader in the Regenerative Medicine space: the unique approach forged in the aftermath of the 2002 Bali Bombing
- A safe, proven medical device: 6,000+ uses, and no safety signals
- Extensive data package that includes more than 60 publications
- Recent RCTs in chronic wounds and repigmentation show significance
- RCT FDA burns trial fully recruited, and on track for PMA pathway submission: approval expected Q3 2017
- International rollout of proposition with Distributor Appointments in 12 territories, including China
- A seasoned Management Team that is being strengthened in advance of a US launch
- A data-driven Commercial Execution Strategy, with clear milestones, to make the approach mainstream
- Value Creation is the main commercial focus of the Management Team

"Under new leadership and broad renewal, the company has undergone a strategic re-positioning, taking a more incremental transition to wound care, where products complement existing therapies, and the focus is on accumulating clinical studies and clinical/health-economic benefits. We believe this much more structured approach has improved the fundamental outlook for the company, helping to differentiate product characteristics and beginning to grab the attention of physicians worldwide."

Morgans Equity Research, March 31, 2016

In the Right Space, with the Right Products, at the Right Time

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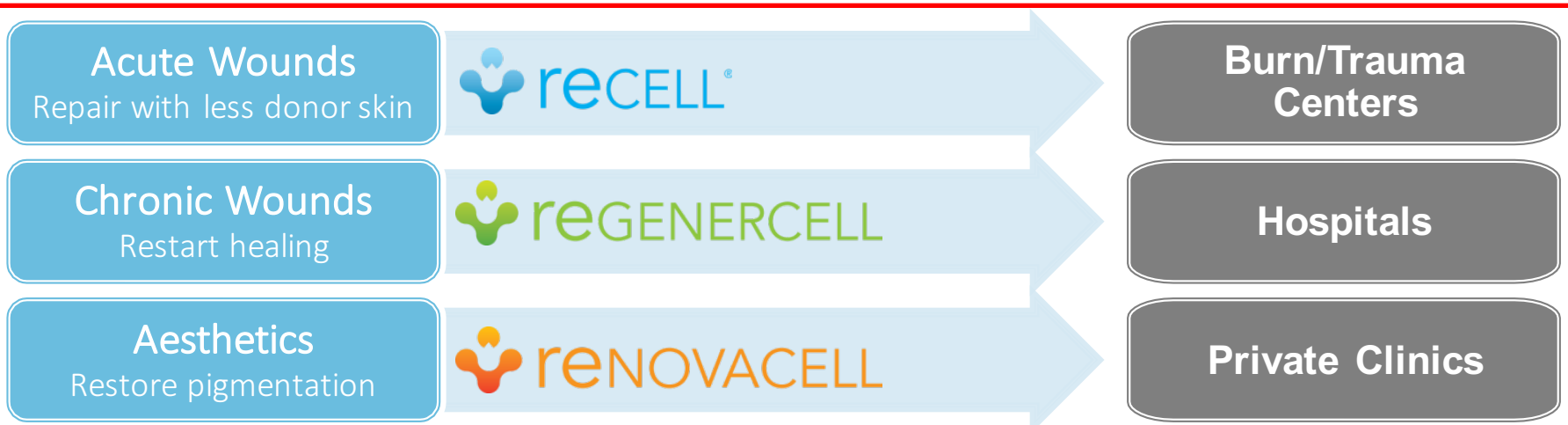
Avita Medical – Some Recent Fundamental Accomplishments



- Treatment Approach been focused into 3 brand areas
- BARDA have awarded a US$53.9m contract for late-stage development and procurement
- Ongoing positive dialogue with the FDA
- Operational build centered on the LA office, as the hub of Clinical, Regulatory and Financial activities
- Commercial operations in UK and Asia being refocused
- Strengthened Board and management positions to accelerate commercialisation
- Accomplishments starting to be recognised on the ASX (AVH) and US ADRs (OTCQX:AVMXY)

An Undervalued First-Mover in the Regen-Med Space

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Skin Regeneration Platform

- **Autologous Cell Harvesting Devices used to treat wounds and skin defects. Comprised of:**
  - Proprietary enzyme formulation,
  - Processing unit including sterile enzyme soak-, buffer rinse- and filtering- chambers and a sterile tray for mechanical disaggregation of skin sample
  - Validated set of applicators designed to overlay wound area with suspension of healthy cells
- **Allows rapid creation of Regenerative Epithelial Suspension™ (RES™), comprised of:**
  - Activated, autologous skin cells (keratinocytes, fibroblasts, melanocytes) Signaling factors (cytokines, chaperones like hsp90, growth factors)
- **Cells in RES™ are disaggregated (free-edge effect)**
- **Catalyze regenerative healing upon application to wound**

Vital Statistics

1. **1 hour to learn**
2. **30 mins to make**
3. **80:1 expansion ratio**

Fast, Easy, Safe and Efficacious On-Site Skin Regeneration System

Wood et al. 2012. *Burns* 38:44.
Singer & Clark. 1999. NEJM. 341 (10): 738.

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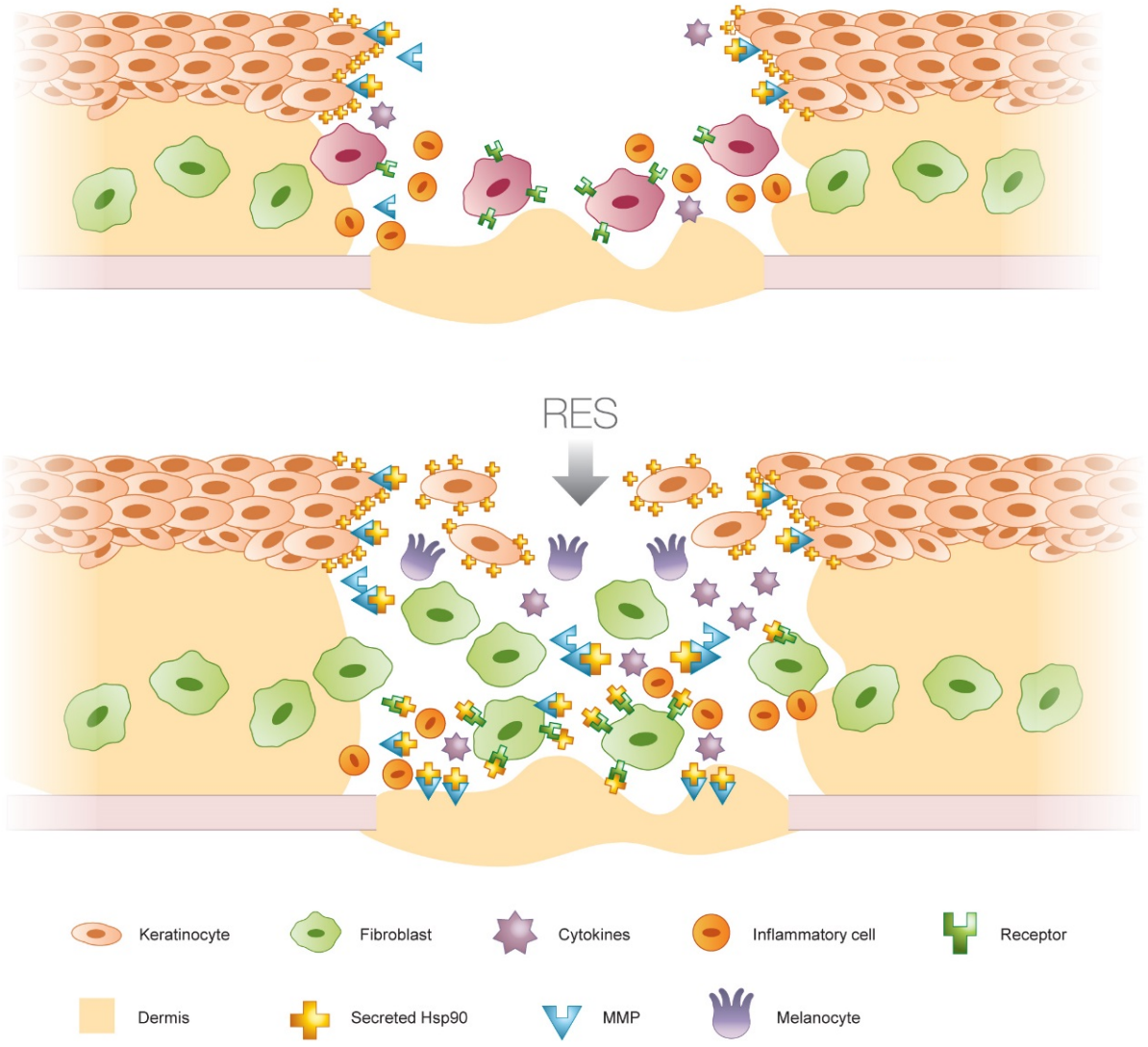
Value of RES™ in Epidermal Regeneration



- Autologous samples derived from healthy areas of the skin contain a complete mix of all skin cells (non-cultured) and factors to catalyse the healing process
- Cells in suspension are no longer contact-inhibited by neighbouring cells (unlike intact tissue) and undergo phenotypic changes to promote closure (free-edge effect)
- Application of RES overcomes the usual limited availability of healthy, signalling cells

Trim & Quick. 2015 J Wound Tech 27:20-24.
Singer & Clark. 1999. NEJM. 341 (10): 738.

Activated, Autologous, Available and Complete

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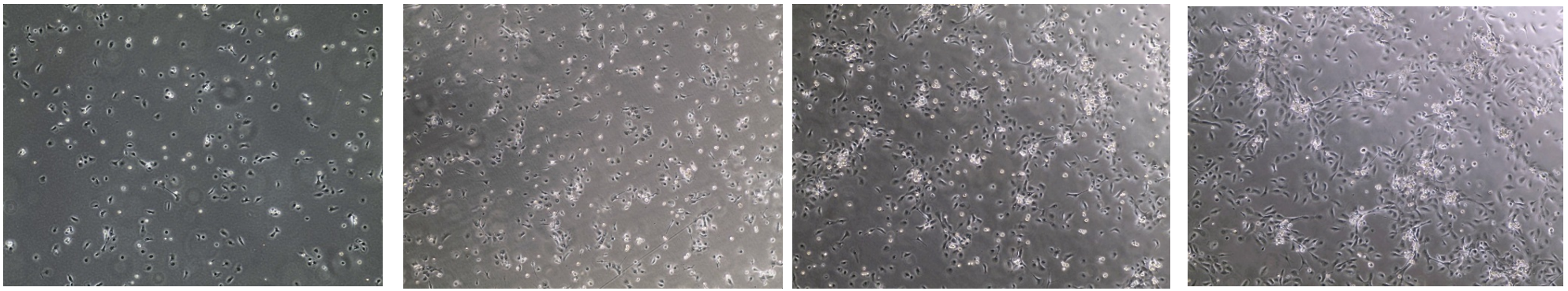
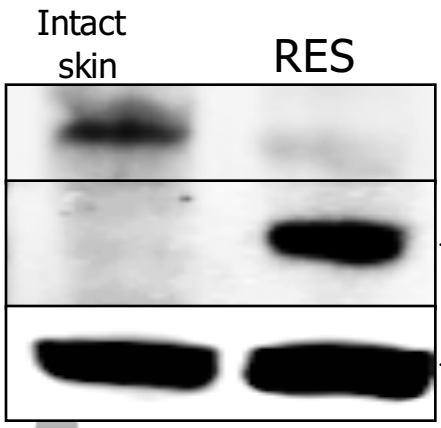
RES™ Activity can be Characterised

Keratinocytes from RES in a wound bed model after tissue processing*



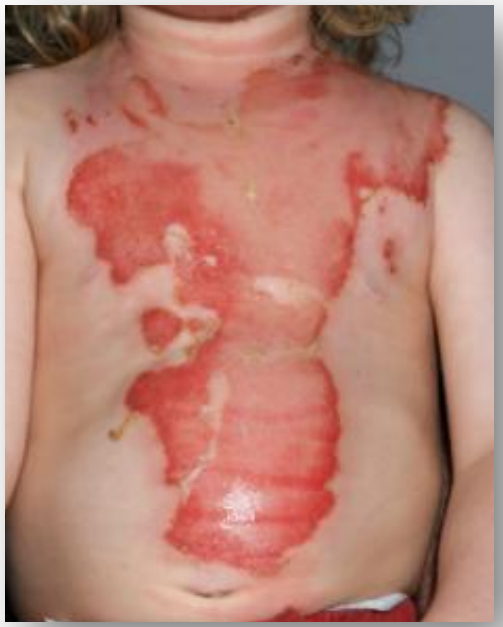
Large numbers of viable skin cells in RES adhere to the wound bed almost instantly. Proliferative and migratory morphologies can be seen as early as day 1. Rapid isolation and then immediate application to the ideal incubator, the human body, supports normal cell processes



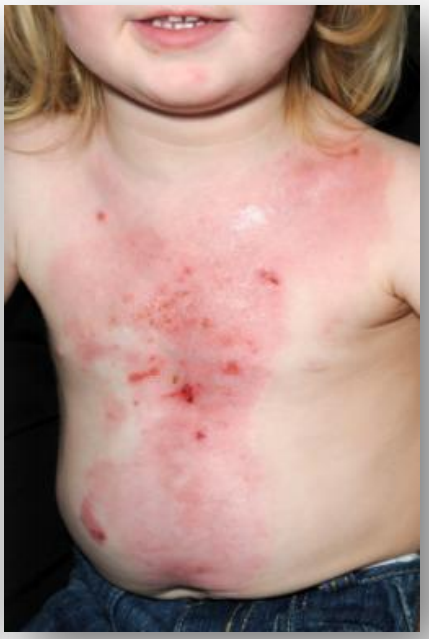
- **Involucrin** is a signalling protein present in normal, intact skin. When skin cells are in a healing (proliferative) state, involucrin expression decreases.
- **P-ERK** is a signalling protein that is activated during skin cell proliferation, it plays a role in the coordination of repair. p-ERK increases during healing
- **β-Actin** - Loading control

*Representative specimens routinely isolated using ReCell® device at Huddersfield Skin Integrity Institute

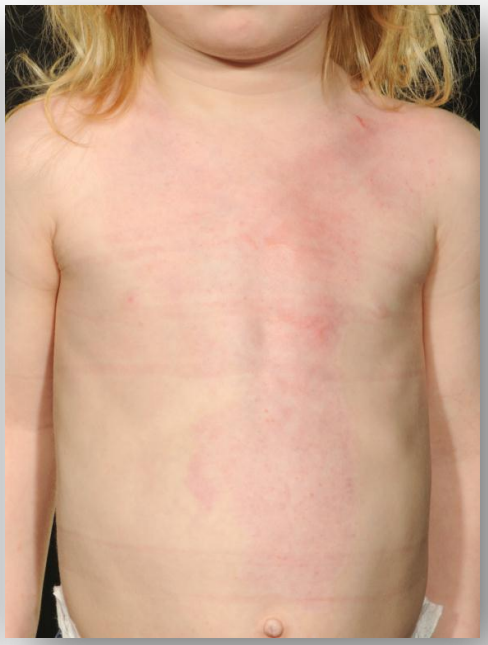
reCELL® in Burns – Pediatric Scald



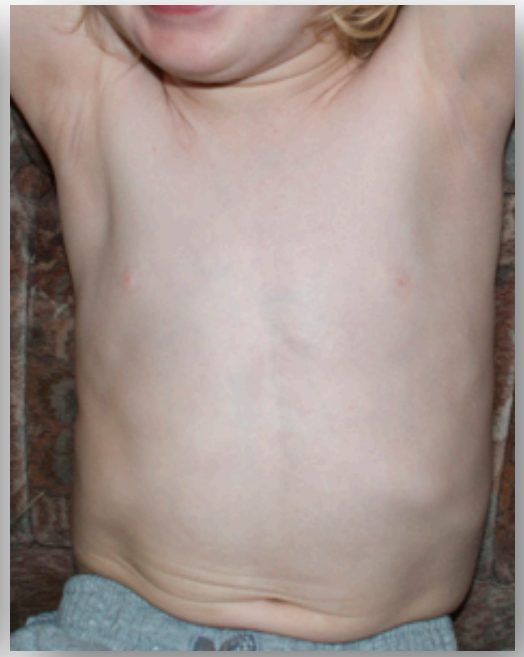
Before treatment



3 weeks post treatment



10 weeks post treatment



10 months post treatment

- Case Study: 4-year-old pediatric scald in the UK, treated at Pinderfields Hospital UK
- ReCell®-alone eliminated the requirement for skin grafts, thus no large donor sites
- No contracture or surgical follow-up required

Living The Mission of Transforming Lives

Courtesy of Jeremy M Rawlins FRCS(Plast)

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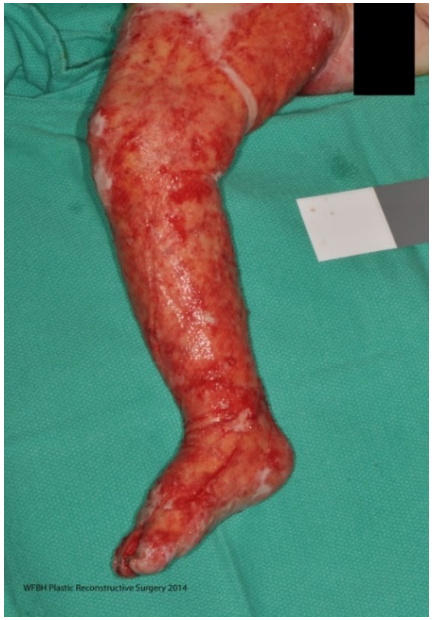
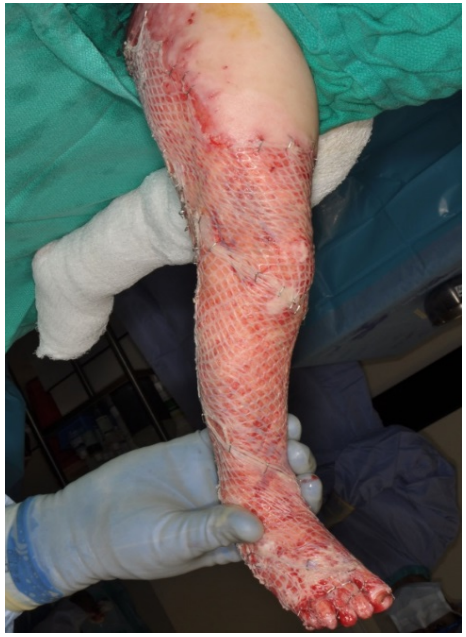
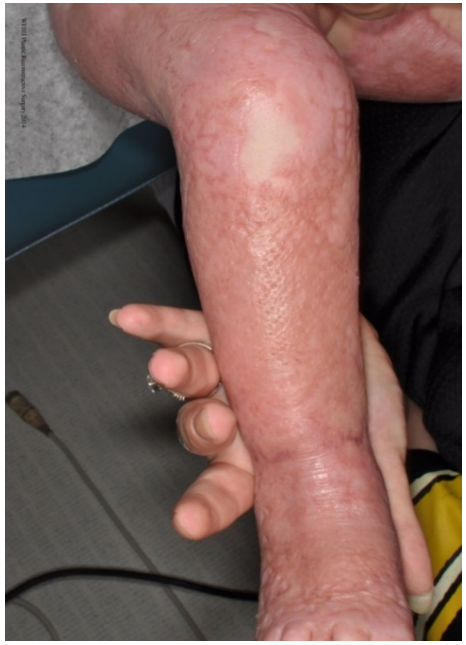
reCELL® combined with Meshed Autograft



Pre-treatment: Excised



Treatment
ReCell + Meshed Autograft



Week 14 post treatment

- Case Report: 3rd degree pediatric burn in the US, treated under FDA compassionate use dispensation at Wake Forest Medical Center Burn Center, Winston-Salem, North Carolina
- Large surface/deep burns with limited donor availability, necessitating autograft sparing
- Application of RES™ in conjunction with mesh skin grafting showed epithelialization within the mesh, giving superior outcome

Enhancing Standard-of-Care

Courtesy of Dr James H Holmes IV, MD FACS

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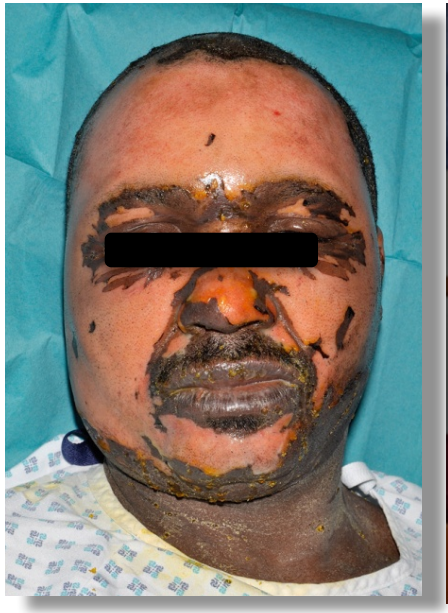
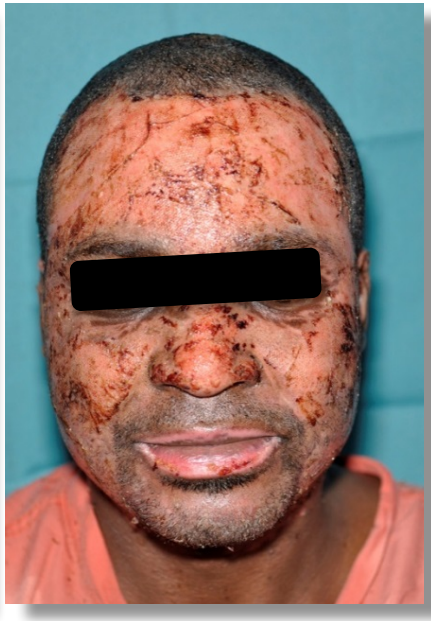
reCELL® Superior Outcomes in Wound Treatment

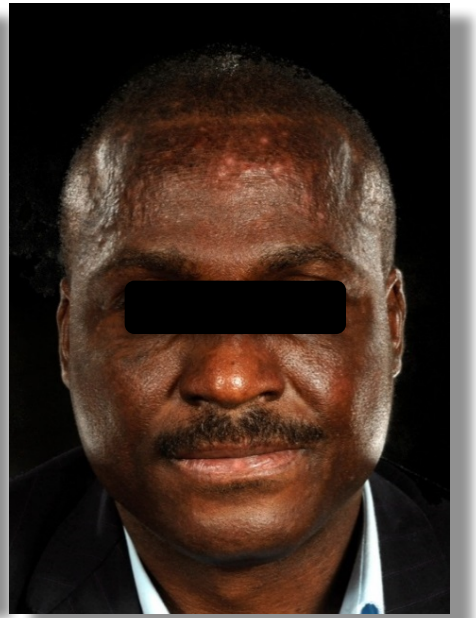


Deep Partial Thickness Burn

Treatment: excision, and ReCell



Post-operation, Day 5



Post-Operation, 4 months

- Case Report: 48-year-old man, flame burn injury from an exploding boiler. Treated at Chelsea and Westminster Hospital
- Sub-optimal to use skin grafts on facial wounds
- Application of RES™ triggered wound healing
- Reintroduction of melanocytes clearly gives superior cosmetic outcome

Achieving Healing *and* Normal Appearance

Courtesy of Ms Isabel Jones, Chelsea and Westminster Hospital

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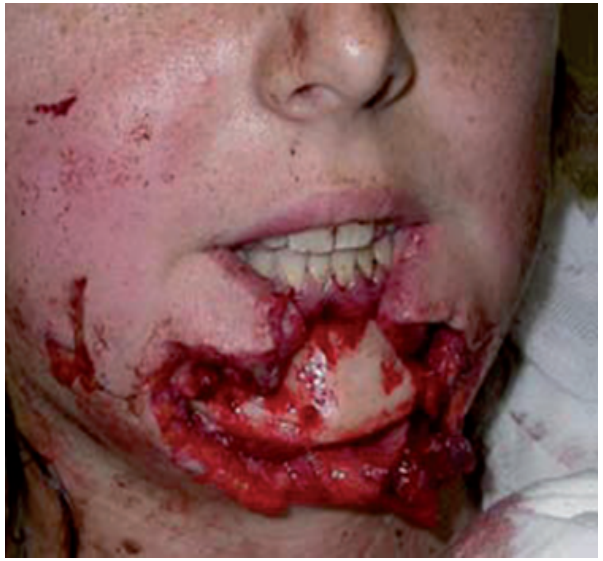
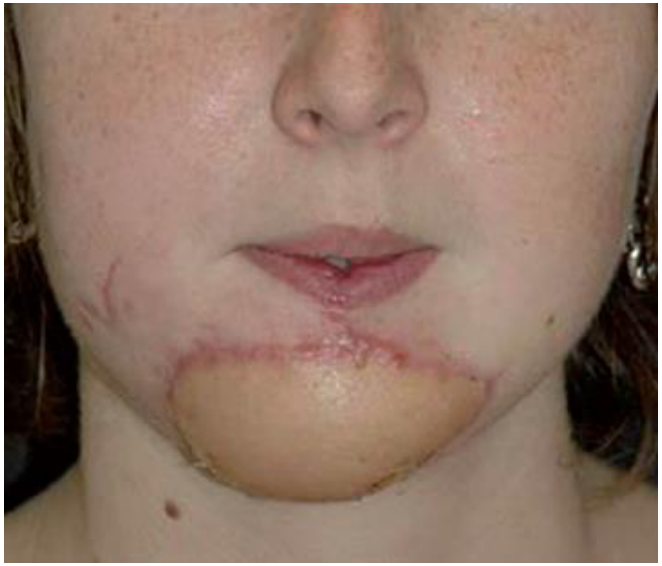
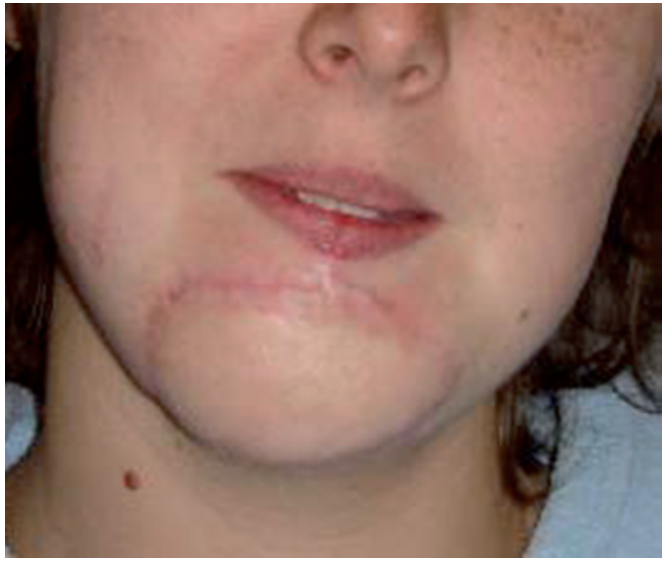
reNOVACELL supports Reconstructive Surgery



Case Study: dog bite injury to an 18-year-old woman, treated with a flap



92 days after reconstruction



23 months after ReNovaCell treatment

*"The use of a non-cultured autologous cellular spray to treat the dyschromia on a parascapular flap used for facial reconstruction is less invasive than split-thickness overgrafting and could extend the use of distant flaps that have been avoided due to poor colour match." **

Treatment Potential only now being Realised

* Hivelin et all, Journal of Plastic, Reconstructive and Aesthetic Surgery, (2012) 65, 1103-1106

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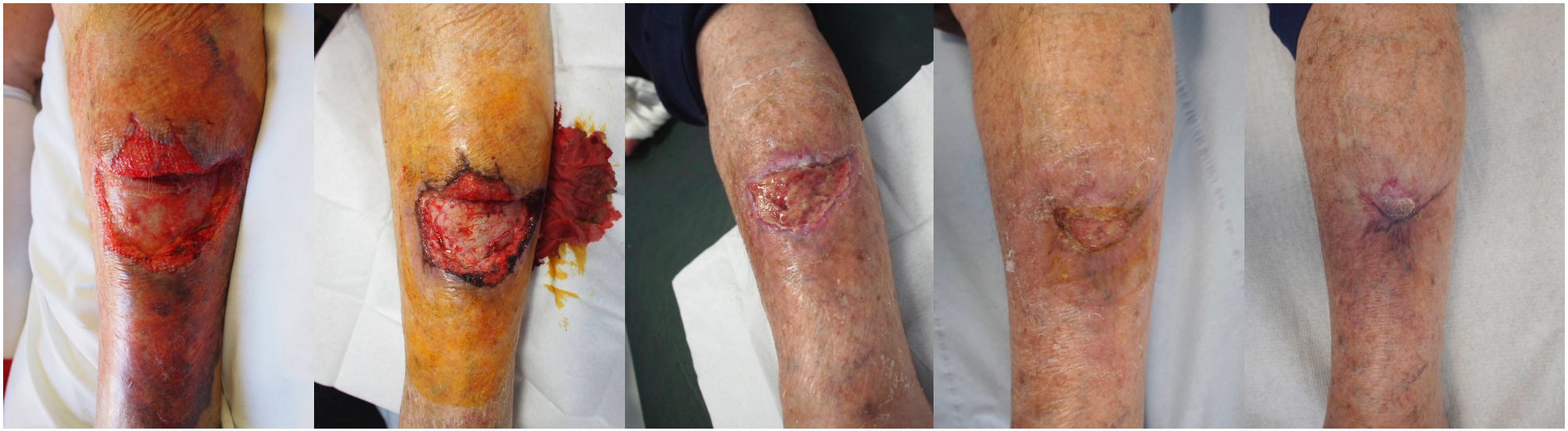
reNOVACELL For Pre-tibial Laceration



Admission & Debridement	ReNovaCell applied after one week of conventional care	Three weeks after ReNovaCell treatment, 25% reduction	After five weeks, 75% reduction	After 11 weeks, 100% healing

- Case Study: an 85-year-old woman, suffered 8cm x 5cm gash on left leg. Treated at Kings College Hospital, London
- RES™ applied in an outpatient clinic
- Patient reported to be very satisfied with the outcome, which allowed her to maintain her independent lifestyle
- Pre-tibial Lacerations are a frequent problem for woman aged over 60, and are challenging to treat

Treatment Potential only now being Realised

Courtesy of Dr Robert Manton, Charing Cross Hospital London

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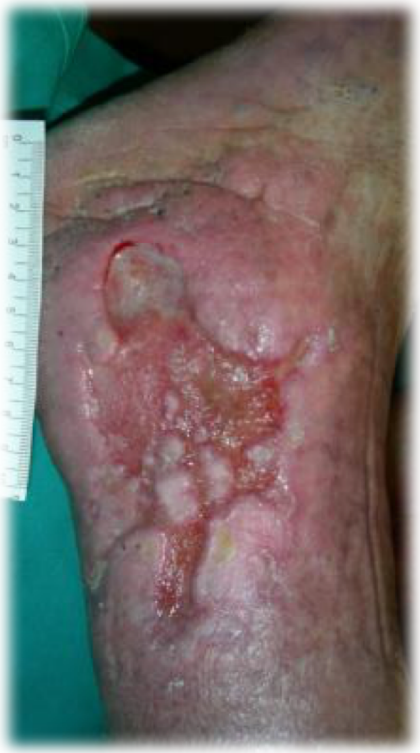
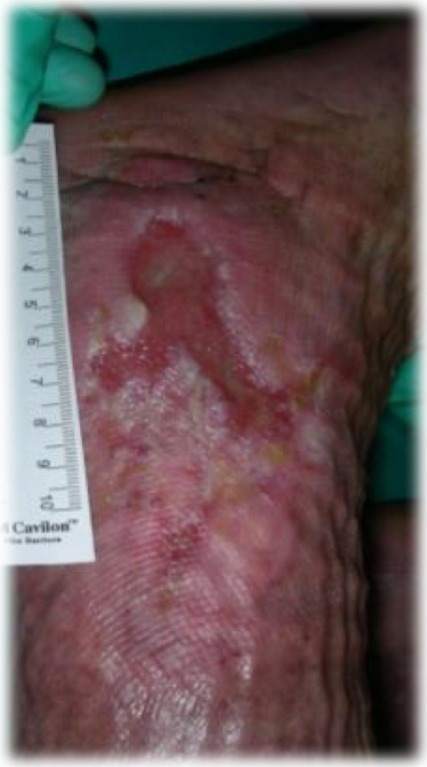
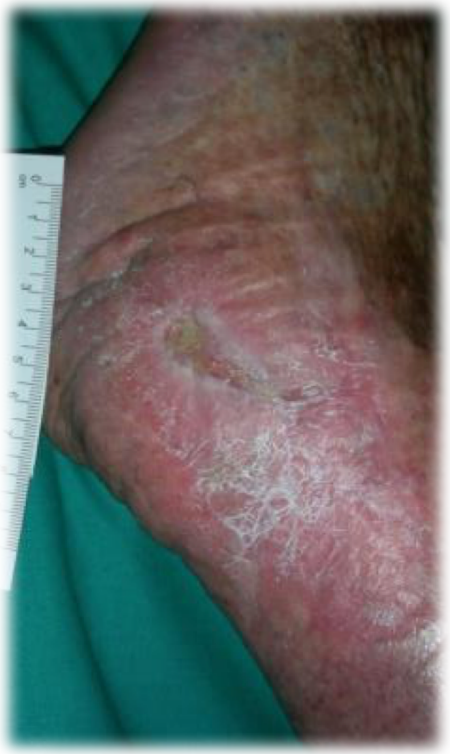
reGENERCELL Complete Wound Closure for Chronic Ulcers



Baseline
VLU area = **55cm²**
ReGenerCell Treatment



Week 7
VLU area = **8cm²**
% Re-epithelialization vs baseline= 85%



Week 20 (5 mo)
VLU area = **2cm²**
% Re-epithelialization vs baseline= 96%

- Case Study: 84 yr old male with controlled high BP, colon cancer in remission, chronic venous insufficiency.
- Left ankle VLU open 7 yrs: all other treatment approached had failed
- Treatment with ReGenerReCell® achieved wound closure

A new Approach to healing Static Wounds

Courtesy of Dr Enzo Giraldi

Giraldi E, Ricci E, Spreafico G, Baccaglini U. Preliminary results with the use of a non-cultured autologous cell suspension to repair non-healing vascular leg ulcers. Acta Vulnol 2012; 10:153-163.

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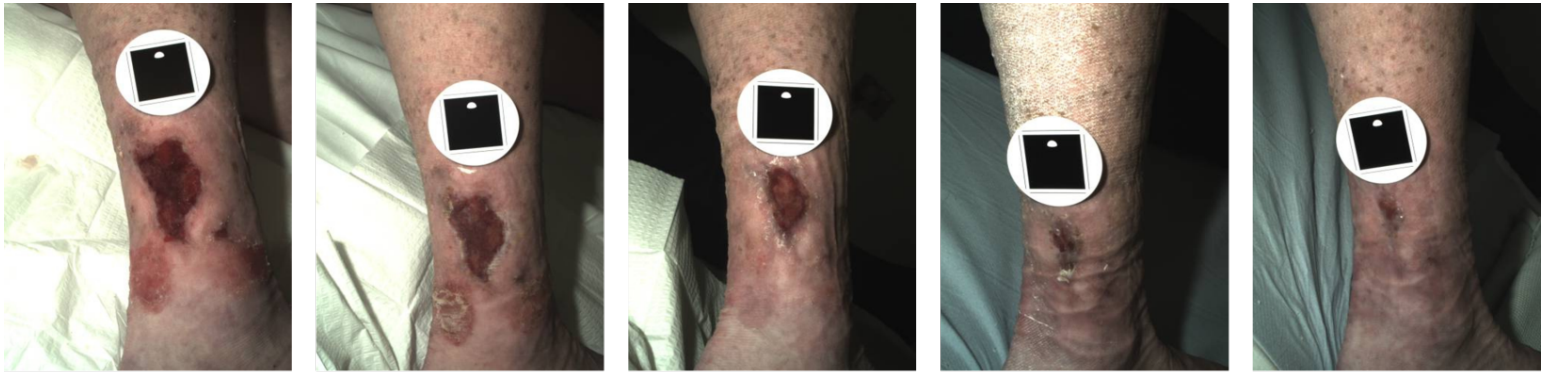
reGENERCELL Closing Wounds where other routes Failed

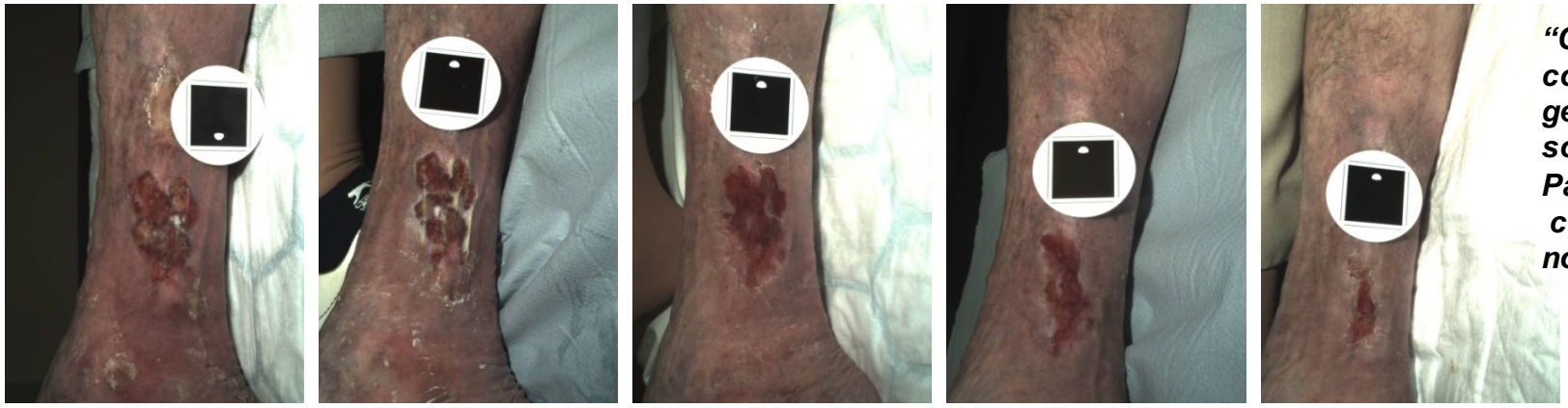
Case Study 1: 67 year old female with peripheral arterial disease, controlled type II diabetes VLU (10 cm²) on right lateral malleolus open for 46 weeks before treatment with ReGenerCell.



Baseline | Week 1 | Week 6 | Week 11 | Week 13

"[It's] just a miracle. Got my life back, can go out and socialise. Three years ago I couldn't walk 10 yards"

Case Study 2: 70 year old male with peripheral arterial disease, controlled type II diabetes. Right medial VLU (13 cm²) open for 212 weeks before treatment with ReGenerCell.



Baseline | Week 1 | Week 6 | Week 10 | Week 14

"Changed within a month, could see the change, getting smaller and not so deep. Pain was reduced after the cells were applied, no pain at all after week 4"

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Clinical Evidence Base

- Early product approvals based on case series, 60+ presentations and publications to date
- More recently, pursuing robust, randomized controlled trials

Clinical Indication	RCT	Readout
Burns	ReCell adjunct to widely expanded autografts, for treatment of mixed-depth (incl. full-thickness) burn injuries (US, CTP001-6)	Full Clinical Data Package Complete Q1 2017
Chronic Wounds	ReGenerCell for treatment of hard-to-heal venous leg ulcers (UK, CTP003)	Q1 2016
Chronic Wounds	ReGenerCell for treatment of chronic wounds (China)	published 2015, British J Surg
Aesthetics/ Repigmentation	ReNovaCell for repigmentation of segmental vitiligo/piedbaldism (Netherlands)	published 2015, J Amer Acad Dermatol
Aesthetics/ Repigmentation	ReNovaCell for repigmentation of hypopigmented scar (Germany)	Submitted Q4 2015, Burns (Journal of Int'l Society for Burn Injuries)

Clinical Evidence Demonstrates Better Outcomes in Multiple Indications

U.S. FDA Pivotal Trial of ReCell®

Goal: Evaluate safety and effectiveness of ReCell® in combination with meshed skin graft for treatment of broad range of acute burn injuries

CTP001-6

- Sample Size: 25
- Target enrollment (N): 30
- Age: ≥5yrs
- All burns requiring skin grafts (2nd & 3rd degree)
- Treatment area: 300+ cm^2 /area
- % Burn: 5-50% TBSA
- Centers: 7

Qualifying burn area bisected to randomize 1:1 for each patient

Active

RES™ in combination with protocol-defined wider meshed autograft

Control

Conventional skin graft

Co-Primary Endpoints:

1. **Expansion ratio** (donor:treatment area) **at time of treatment**: Superiority** of ReCell/Mesh combo versus graft alone
2. **Incidence of complete closure rate of recipient site at 8 weeks***: Non-inferiority of ReCell/Mesh combo versus graft alone

Secondary Endpoints(3):

Week 24 Subject preference, Blinded Observer scar rating, Patient scar rating

Treatment Completed, April 2016

* Additional procedures aiding wound closure allowed within initial 8 weeks; ** ReCell expansion ratio: control expansion >1

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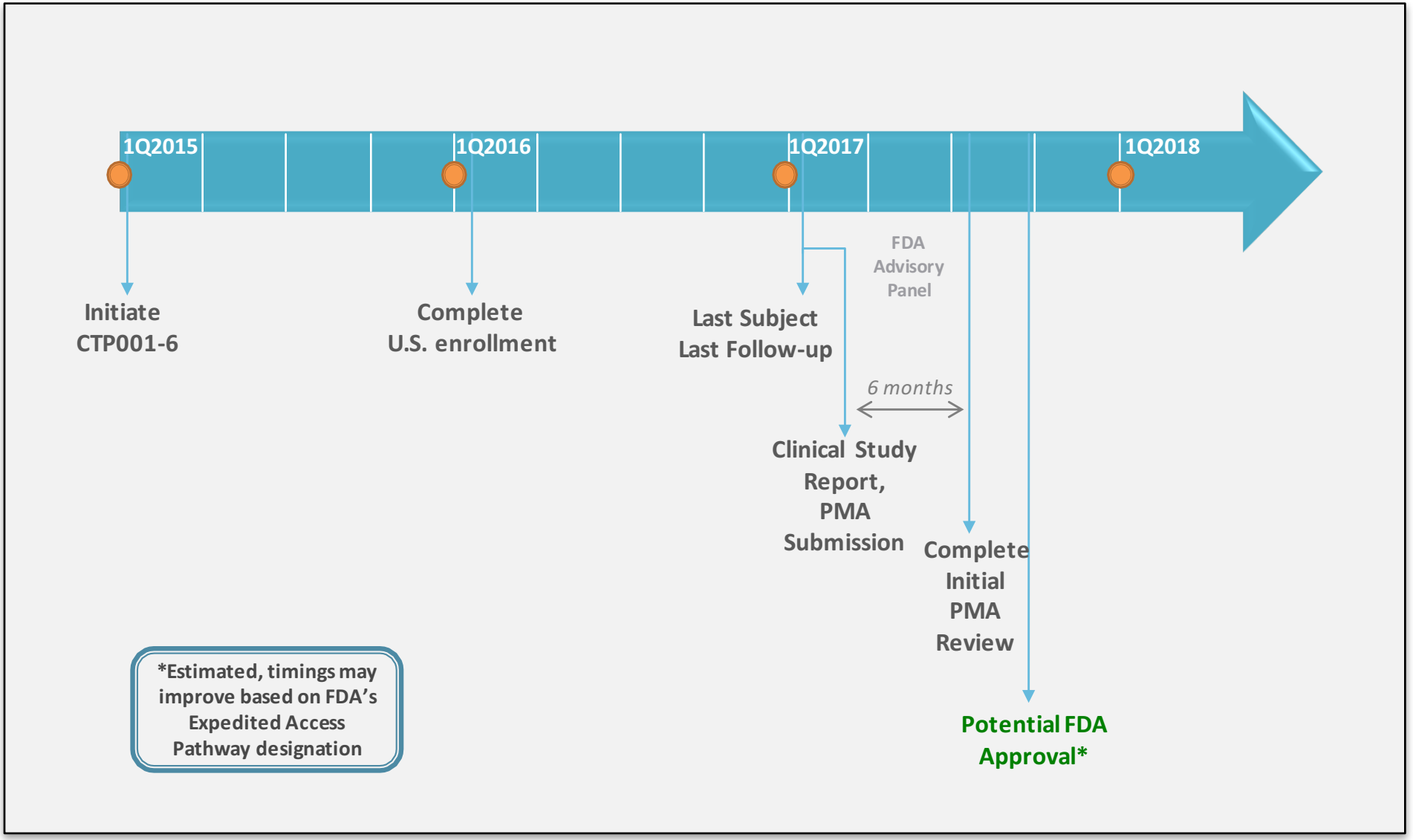
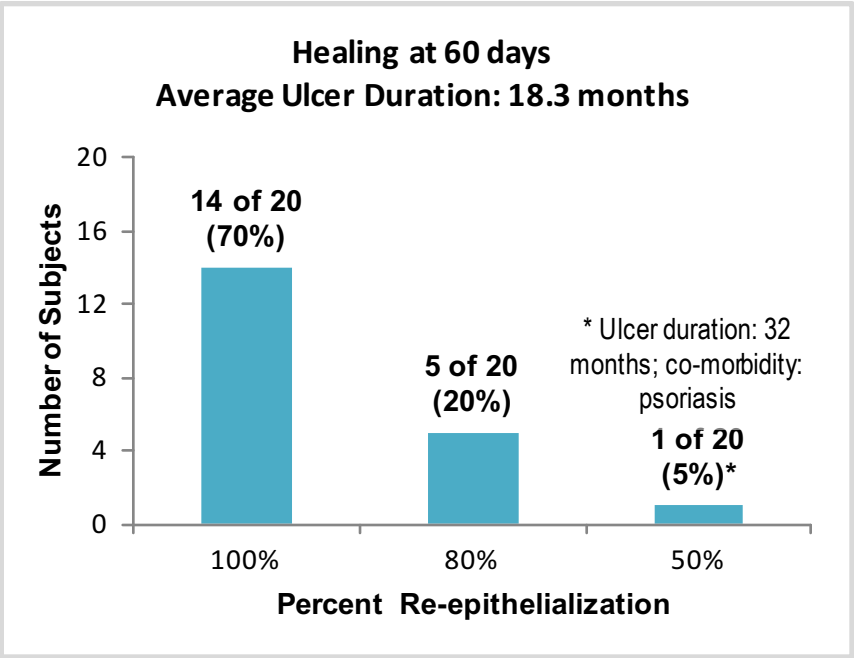
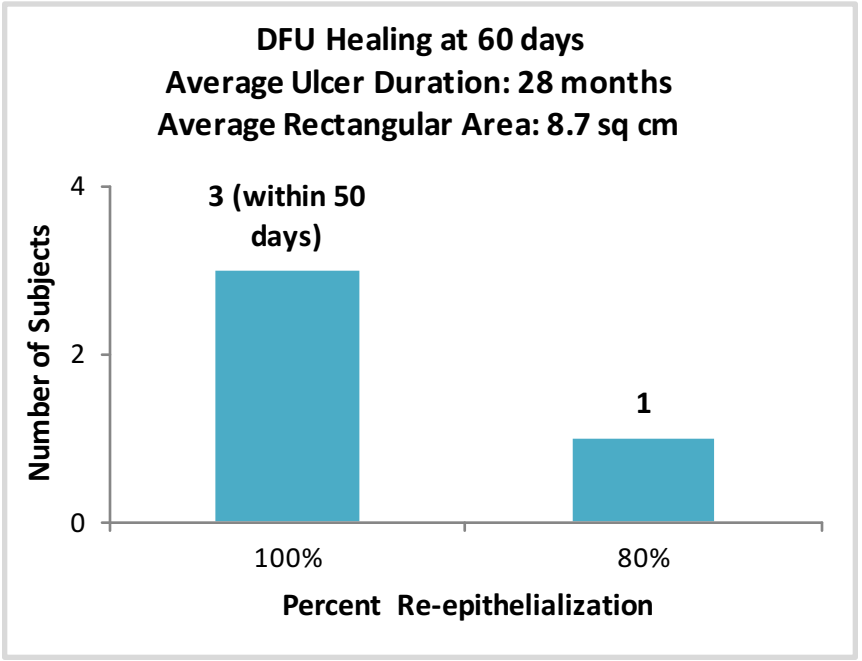
Projected U.S. ReCell® Burns Approval: Q3 2017



Early Experience in Chronic Wounds

- 70% of ulcers healed within 60 days of treatment
- Mean duration of ulcers= 18 months
- Mean age of pts= 70 years





Compelling Early Results in VLU and DFU

DeAngelis B, Migner A, Lucarini L, Agovino A, Cervelli V. The use of a non-cultured autologous cell suspension to repair chronic ulcers. *International Wound Journal 2013;* doi: 10.1111./iwj. 12047 [Epub]

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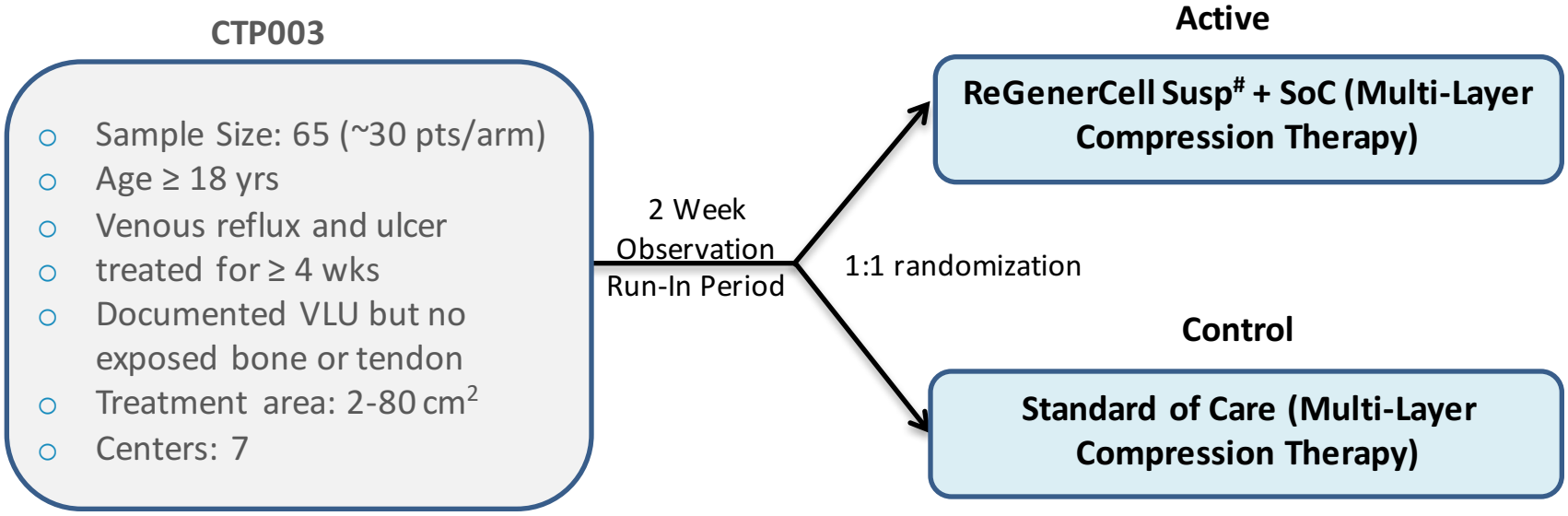
Pilot Trial for ReGenerCell in Venous Leg Ulcers (CTP003)

Aim: Evaluation of the efficacy of ReGenerCell in combination with standard compression device vs standard of care alone for the closure of venous leg ulcers (VLU)



Endpoints:

1. Incidence of ulcer closure* at 12 weeks
2. Rate of re-epithelialization (wound size)
3. Patient reported pain & quality of life
4. Treatment cost differential between ReGenerCell and control
5. Adverse event profile; safety of ReGenerCell in VLU

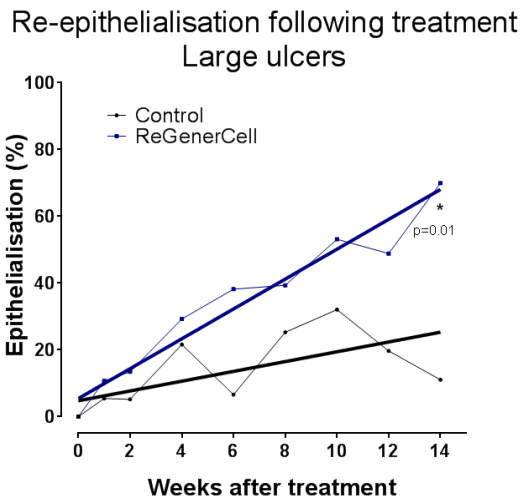
Randomized, Multi-Center VLU Pilot Study Completed Q1-2016

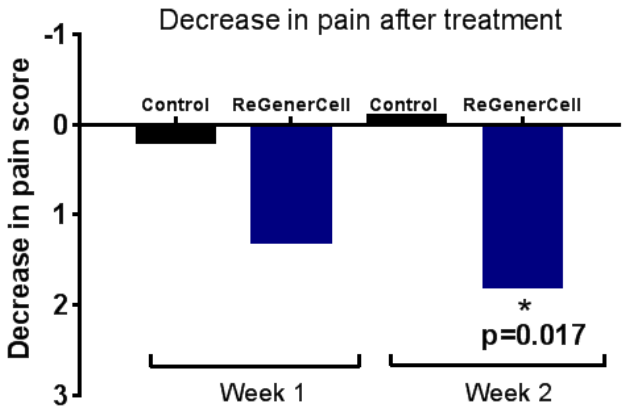
ReGenerCell patients are eligible for repeat ReGenerCell therapy at study week 6-7 if the extent of wound epithelialization is < 85% but > 15%

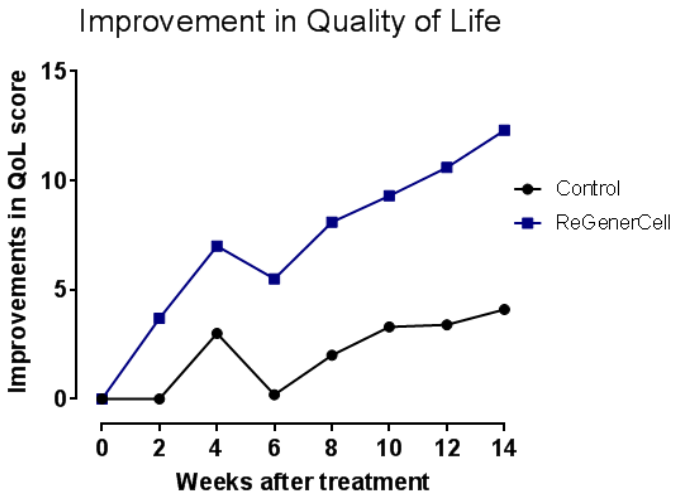
* Ulcer closure defined as complete re-epithelialization without drainage

Pilot Trial for ReGenerCell in Venous Leg Ulcers - RESULTS

- Statistically significant improvements shown in wound size, pain and health-related quality of life
- Positive trends both in healing time and incidence of closure, particularly in large ulcers (over 10 cm^2) which comprise the majority of VLUs
- Treatment using autologous cell suspension definitively places the wounds on a healing trajectory







Strong Results support progression to a Pivotal Trial

Intellectual Property Protection

- Original epithelial suspension – expiration date 2022
- Original method for producing epithelial suspension – expiration date 2022
- Original apparatus for producing epithelial suspension – expiration date 2022
- **Augmented epithelial suspension and method of production – expiration date 2033**
- Automated apparatus and method of production– expiration date 2033-2034

Country/Region	Original Suspension & Method	Original Apparatus	Augmented Suspension & Method	Automated Apparatus & Method
Australia	Granted	Granted	Pending	Granted
U.S.	Granted	Pending	Pending	Pending
Europe	Granted	Granted	Pending	Pending
Japan	Granted	Granted	Pending	Pending
Brazil	Pending	Pending	Pending	Pending
Canada	NA	NA	Pending	Pending
China	NA	NA	Pending	Pending
Hong Kong	Granted	Pending	Pending	To be filed

Comprehensive, Long-Dated Patent Portfolio in Key Global Markets

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Substantial Opportunity Treating Large, Complex Wounds

Selected Indications e.g., excludes plastic and maxillofacial surgeries		Prevalence / Incidence (Patients)				Percent Applicable	Market Size (assume 1 device per patient)
		US *pop. 316M* (11.4% diabetes[1])	UK, FR, DE, IT *pop. 271M* (8% diabetes, avg[1])	Aus *pop. 23M* (5.1% diabetes[1])	China *pop. 1.4B* (9.3% diabetes[1])		
Chronic Ulcers prevalence	DFU[2]	9.0M	5.5M	0.3M	31.6M	20 – 40%	**9 – 19M**
	VLU[3]	3.2M	2.7M	0.2M	13.6M	60 – 65%	**12 – 13M**
Burns annual admissions		40K[4]	42K[5]	8.6K[6]	3.4M[7]	90%	**3.1M**
Aesthetics annual procedures[8]		1.7M	585K	117K	157K	90%	**2.3M**
Vitiligo prevalence *0.1% to 2% of pop.*[9]		316K	271K	23K	1.4M	30%	**0.6M**
TOTAL*		**14.3M**	**9.1M**	**0.7M**	**50.1M**	***35%-50%***	***~27-38M***

1 International Diabetes Federation (IDF) Diabetes Atlas, Sixth Edition (2014)
2 [Lifetime incidence: 25% of diabetics] Singh et al. "Preventing foot ulcers in patients with diabetes." JAMA 293, no. 2 (2005): 217.
3 [Prevalence*: 1% of pop.*] Humphreys et al."Management of mixed arterial and venous leg ulcers." *Br. J. Surg.* 94, no. 9 (2007): 1104.
4 American Burn Association 2013 Fact Sheet (www.ameriburn.org)
5 Brusselaers et al. "Severe burn injury in Europe: a systematic review of the incidence, etiology, morbidity, and mortality." Crit Care 14 (5) (2010): R188.
6 Australian hospital statistics. Australian Institute of Health and Welfare. (2012)
7 Peck MD. Epidemiology of burn injuries globally www.uptodate.com
8 ISAPS 2013 International Survey on Aesthetic/Cosmetic Procedures Performed (dermabrasion, resurfacing, facial rejuvenation)
9 Alkhateeb A, Fain PR, Thody A, Bennett DC, Spritz RA. "Epidemiology of vitiligo and associated autoimmune diseases in Caucasian probands and their families." Pigment Cell Research 16, no. 3 (2003): 208-214.

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Snapshot of Current Advanced Wound Care Market

- Emphasis in past decade on better wound management with advanced dressings
- ~$2.9 billion global industry in 2014 (U.S. ~50% of total)
- 3% projected CAGR driven by increase incidence of obesity, diabetes, smoking and aging demographics
- Multiple products including; foams, hydrocolloids, alginates, hydrogels, hydrofibers, semi-permeable films and collagen
- Minimal randomized clinical data
- Approximately 50% of wounds do not heal despite advanced dressings
  - Average cost per patient in US of non-healing wound ~$4000
  - Average cost per patient of chronic DFU ~$5400
  - Average cost of chronic VLU is ~$7500
  - Average number of treatments prior to closure; 17

Major Players –

Despite Progress, Need Remains For Improved Closure & Time to Healing

Regenerative Wound Therapy Landscape

Company	Major Brand(s)	Technology	Severe Burns	DFU	VLU	Dermatology (Vitiligo, scar, facial rejuvenation	Other
Avita Medical	ReCell, ReGenerCell, ReNovaCell	Autologous cell therapy for skin regeneration	✓	✓	✓	✓	
Alliqua BioMedical	Biovance	Processed dehydrated, amniotic-based allografts		✓			
Cytori Therapeutics	Cytori Cell Therapy	Adipose tissued-derived stem cells	✓			✓	✓
Derma Sciences	AMNIOEXCELL, AMNIOMATRIX	Amniotic extracellular matrix; cro-preserved placenta-derived liquid		✓			
Integra Life Sciences	Dermal Regeneration Matrix	Two layer silicone film and crosslinked fiber matrix skin substitute	✓	✓			✓
MiMedx Group	AmnioFix, EpiFix	Processed dehydrated, amniotic-based allografts		✓	✓		✓
Organogenesis	ApliGraf, DermaGraft	Allogenic, bio-engineered, cell-based therapy		✓	✓		
Osiris Therapeutics	Grafix	Cryo-preserved human placental membrane		✓	✓		
Vericel	EpiCel	Cultured epidermal autografts	✓				✓

Avita's Platform Addresses Unmet Need for Large, Complex Wounds

A New Global Sales and Distribution Strategy

The Company has 32 Market Approvals, and now needs Presence

Recurrent Product Usage Key to Commercial Success

Distributor Appointed

- Avita Trains all distributor sales Reps extensively
- Distributor Conferences
- Distributor Managers on journey cycle
- Avita Reps in market

Product ordered by Medical Professional

- Distributors execute the sale
- Avita trains the doctors
- Preceptorship Programme
- Centre of Excellence

Product Used on Patient

- Avita Clinical Specialist attend first procedures (up to 3)

Results Seen

- Avita on Call for any concerns
- Data may be collected

Product Reordered…

- We do not just hand over the product: Avita is involved at each stage
- Education is at the heart of the process: Medics need to be familiar with the procedure to give them the confidence to use again
- With increased usage, Medics typically become adept at optimising the outcomes
- Our end goal is 'sticky sales' within a hospital, so a thorough approach is needed

A Hybrid Model of Distributor + Direct Support

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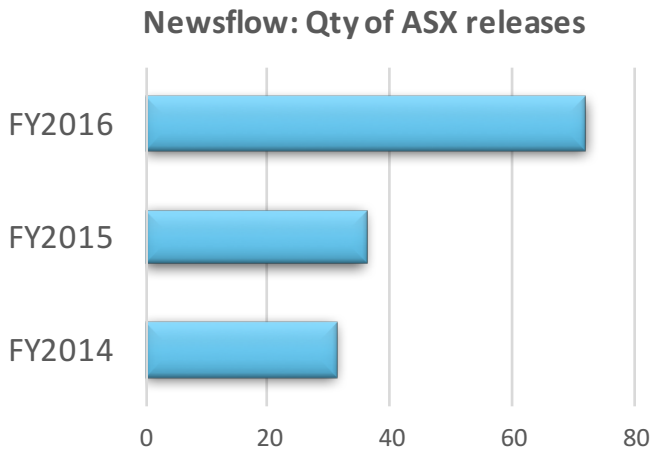
A Greatly Strengthened Communications Strategy

- Messaging improved for explaining the mechanism as RES, and AAAC
- Complete new suite of sales tools issued
- Defined branding for 3 condition areas
- New website
- Communication agencies retained in Australia, US and the UK
- Social media harnessed for pushing case studies
- 4th Skin Regeneration Symposium, April 2016
- Methodical recruitment of KOLs
- Creation of a Clinical Advisory Board
- More than doubled last year's ASX releases



Avita: a Genuine Thought Leader in the Regen-Med Space

Maximizing Commercial Strategy for Clear Growth Plan

- **Own Burns Space**
  - Conducting ongoing Pivotal U.S. clinical trial in burns reflecting current unmet need (completed enrollment, 30 patients)
  - Expedited Access Pathway (EAP) designation
  - Compassionate Use IDE Program
- **Partner Elsewhere**
  - Currently generating additional data in larger market opportunities (chronic wounds, aesthetics, etc.)
  - Accelerating business development activities for indication-specific commercial partnering
  - Strategic deals by indication/call point/geography

2016 "To do" List

- **Secure Approvals**
- **Distribute Product**
- **Build Evidence Base**
- **Demonstrate proof of concept commercial success *(model market: EU)***

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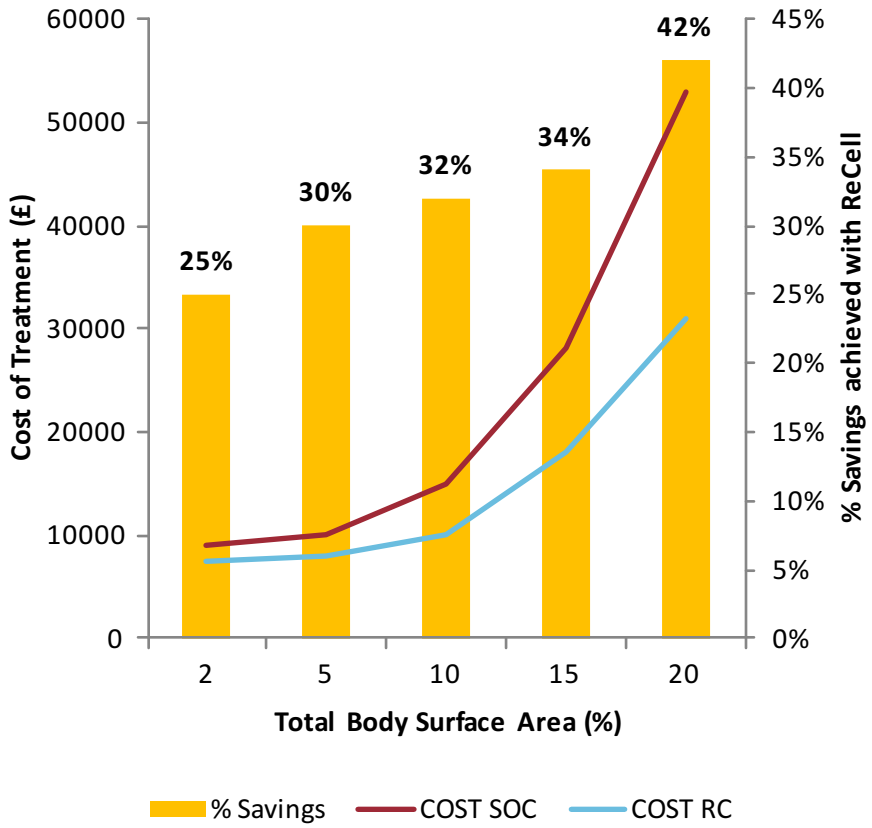
Outcomes-driven Reimbursement Strategy For ReCell

Clinical & Health Economic Data Demonstrate Superiority of ReCell Over SoC

- **Shortening acute surgery** duration with ReCell independently predicts the length of stay in the burn centre[1,2]
- Patients with ReCell surgery were likely to have a **shorter length of stay** compared to patients with split skin grafting (SSG) surgery alone[2]
- **Faster wound healing, reduced donor site morbidity and better functional** and aesthetic scar outcomes make ReCell a preferred choice[3]
- **Reduced analgesic and dressing costs** with ReCell saved 29% compared to conventional delayed surgery for non-healing wounds[3]

[1] Lim et al. 2013. *Is the length of time in acute burn surgery associated with poorer outcomes?*
[2] Park et al. 2013. *Does the type of skin replacement surgery influence the rate of infection in acute burn injured patients?*
[3] J.A. Dunne. 2013. *Early paediatric scald surgery—A cost effective dermal preserving surgical protocol for all childhood scalds.*

Greater The Burn Surface- More The Cost Effectiveness of ReCell Therapy



N= 22; Pinderfields Hospital Burns Unit internal data; 2011

The BARDA Contract

- The five-year contract awarded Sept 29 is valued at up to $54m to prepare the US in the event of mass thermal injuries
- BARDA will pay $16.9m to complete the FDA-PMA process, and an initial inventory of more than 5,000 devices to be stockpiled
- BARDA also has options to spend $34m more on larger procurement, and various strands of post-market entry support
- Avita is also engaged with other branches of the US Federal government: the device is portable, flexible and self-contained, and has great potential for military use
- Avita is now using BARDA funds to strengthen its supply chain and quality systems in advance of a US launch

BARDA contributes resources and validation to Avita

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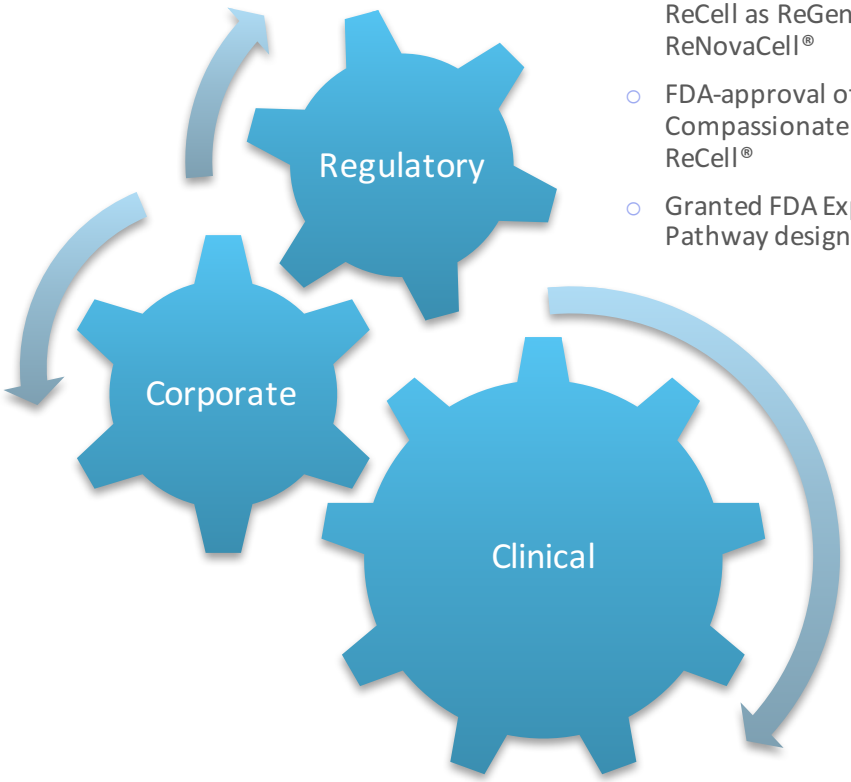
Recent Accomplishments reflect a Well-Oiled Machine

- Strengthened management team with new CEO
- Validation: Awarded contract from the BARDA for up to USD$53.9 million
- Sales traction led by Asian and European markets
- Strengthened balance sheet with proven access to capital
- Streamlined operations and gained additional capital
  - Sale of Respiratory Business for AUD$2.47m
  - Completed financing of more than AUD$10 million
- Increased Patent Protection
  - Granted 2 US patents covering platform adds additional patent protection
  - Received patent validation in 11 European Countries
  - Gained patent protection in Australia



- Secured CE marks, launched expanded newly-branded products ReCell as ReGenerCell® and ReNovaCell®
- FDA-approval of twice-expanded Compassionate Use IDE program for ReCell®
- Granted FDA Expedited Access Pathway designation

- Completed efficacy section of US Pivotal burn trial with full enrollment
  - On track for a PMA submission, towards Q3 2017 approval
- European RCT in VLU published with positive results
- Dutch repigmentation RCT published with positive results

Team Avita has a track record of meeting Milestones

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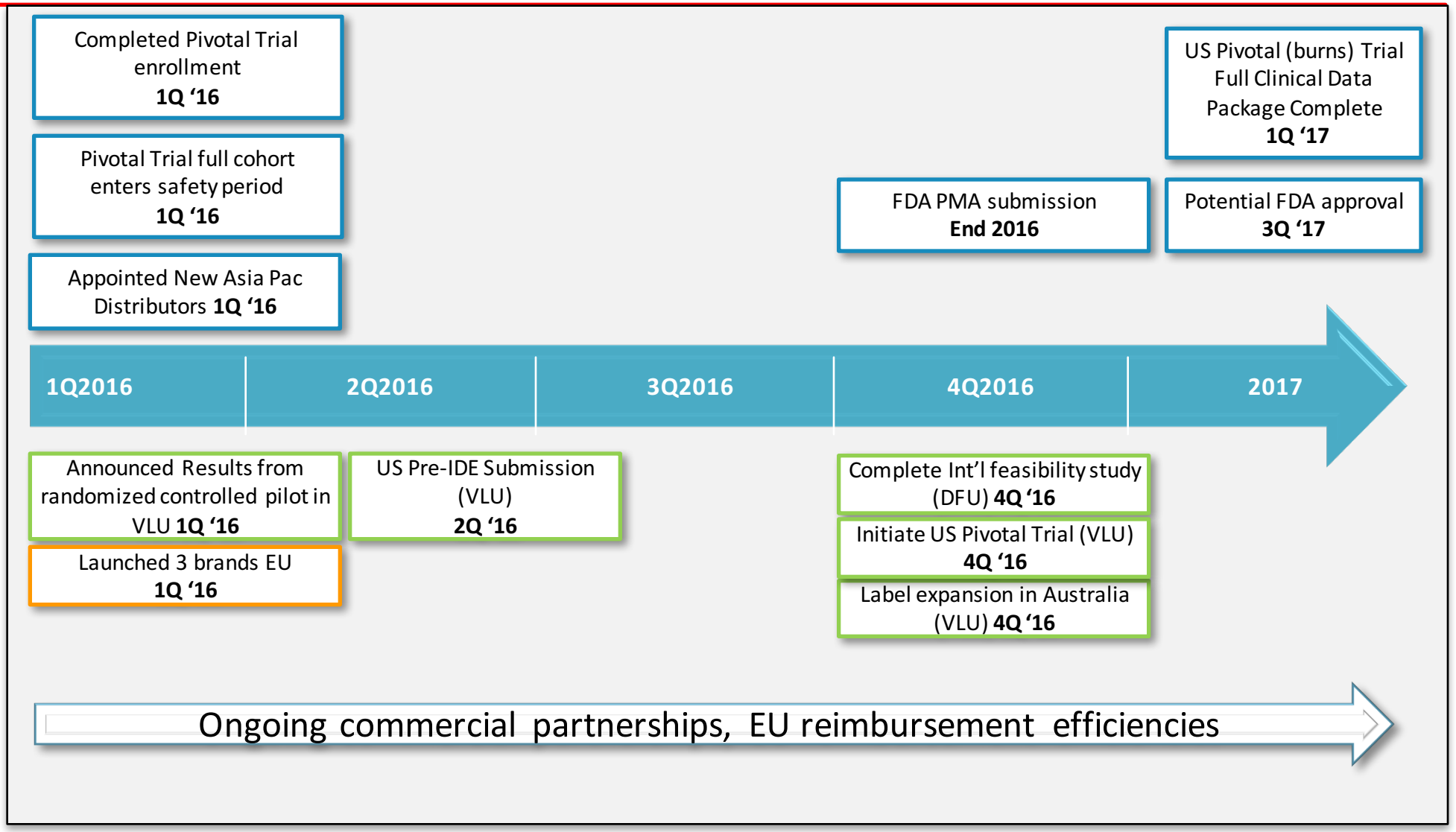
Clinical & Commercial Milestones 2016 & Beyond



Financial Overview

Financial Recap	
Tickers:	ASX: AVH OTCQX: AVMXY
Share Price: 27 Apr, 2016	ASX Common -A$0.15 US ADR - $2.30
Market Cap: 27 Apr, 2016	A$85.9MM
Cash Position: 31 Mar, 2015	A$6.8MM
Cash Burn:	A$2.5MM/quarter
Debt:	A$0MM
Annual Revenue: FY14-15	A$2.8MM
Gross Margin: FY14-15	73%

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Why Avita, Why Now?

- Industry pioneer well-positioned to benefit from growth of regenerative medicine
- Novel, commercial-stage products addressing large, unmet needs in complex, high-value wound and dermatology markets
- Superior clinical data and substantially de-risked FDA approval process
- Revamped Board and Management Team with track record of success
- Growing sales with a high gross margin, single-use device business model
- Multiple near-term milestones and focus on US market entry supports increased awareness, liquidity & valuation
- Global Capital Markets are generally unaware of recent fundamental accomplishments: **there is real value for those coming on board now**

Compelling Fundamentals, Undiscovered and at Valuation Inflection Point

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For more information

www.avitamedical.com