Institutional Investor Briefing

San Diego, California and Sydney, Australia (Wednesday, 27 June 2018, AEST) – REVA Medical, Inc. (ASX: RVA) ("REVA" or the "Company") is pleased to provide the attached presentation materials that may be presented from time to time by the Company at various investor and analyst meetings. A copy is also being filed with the U.S. Securities and Exchange Commission and posted under the Investor Relations section of REVA's website at *www.revamedical.com*.

About Fantom and Fantom Encore

Fantom and Fantom Encore are sirolimus-eluting bioresorbable scaffolds developed as an alternative to metallic stents for the treatment of coronary artery disease. Scaffolds provide restoration of blood flow, support the artery through the healing process and then disappear (or "resorb") from the body over a period of time. This resorption is intended to allow the return of natural function of the artery and reduce risk of adverse events associated with a permanent metallic implant. Fantom and Fantom Encore are the only bioresorbable scaffolds made from Tyrocore, REVA's proprietary tyrosine-derived polymer designed specifically for vascular scaffold applications. Tyrocore is inherently radiopaque, making Fantom and Fantom Encore the first and only bioresorbable scaffolds that are visible under fluoroscopy. Fantom and Fantom Encore are designed with thin struts while maintaining strength and with distinct ease-of-use features such as x-ray visibility and expansion with one continuous inflation.

About REVA Medical

REVA Medical is a medical device company focused on the development and commercialization of bioresorbable polymer technologies for vascular applications. The Company's lead products are the Fantom and Fantom Encore bioresorbable vascular scaffolds for the treatment of coronary artery disease. REVA is currently selling Fantom in Germany, Switzerland, Austria, and Turkey. REVA is based in San Diego, California, and employs more than 50 people in the U.S. and Europe.

Forward-Looking Statements

This announcement contains or may contain forward-looking statements that are based on management's beliefs, assumptions, and expectations and on information currently available to management. All statements that are not statements of historical fact, including those statements that address future operating plans or performance and events or developments that may occur in the future, are forward-looking statements, such as those statements regarding the projections and timing surrounding commercial operations and sales, clinical trials, pipeline product development, and future financings. No undue reliance should be placed on forward-looking statements. Although management believes forward-looking statements are reasonable as and when made, forward-looking statements are subject to a number of risks and uncertainties that may cause actual results to vary materially from those

expressed in forward-looking statements, including the risks and uncertainties that are described in the "Risk Factors" section of our Annual Report on Form 10-K filed with the US Securities and Exchange Commission (the "SEC") on March 7, 2018, and as updated in our periodic reports thereafter. Any forward-looking statements in this announcement speak only as of the date when made. REVA does not assume any obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.

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REVA Medical

Corporate Presentation
June 2018

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Information is a Synopsis Only

This presentation only contains a synopsis of information on the Company and, accordingly, no reliance may be placed for any purpose whatsoever on the sufficiency or completeness of such information. Information presented in this presentation is subject to change without notice and REVA does not have any responsibility or obligation to inform you of any matter arising or coming to their notice after the date of this presentation, which may affect any matter in the presentation.

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Disclaimer

This presentation and any supplemental materials have been prepared by the Company based on available information. The information contained in this presentation is an overview and does not contain all information necessary to make an investment decision. Although reasonable care has been taken to ensure the facts stated in this presentation are accurate and that the opinions expressed are fair and reasonable, no representation or warranty, express or implied, is made as to the fairness, accuracy, completeness, or correctness of such information and opinions and no reliance should be placed on such information or opinions. To the maximum extent permitted by law, none of the Company, or any of its members, directors, officers, employees, or agents or advisers, nor any other person accepts any liability whatsoever for any loss, however arising, from the use of the presentation or its contents or otherwise arising in connection with it, including, without limitation, any liability arising from fault or negligence on the part of the Company or any of its directors, officers, employees, or agents.

REVA Medical is a leader in bioresorbable polymer technologies for vascular applications

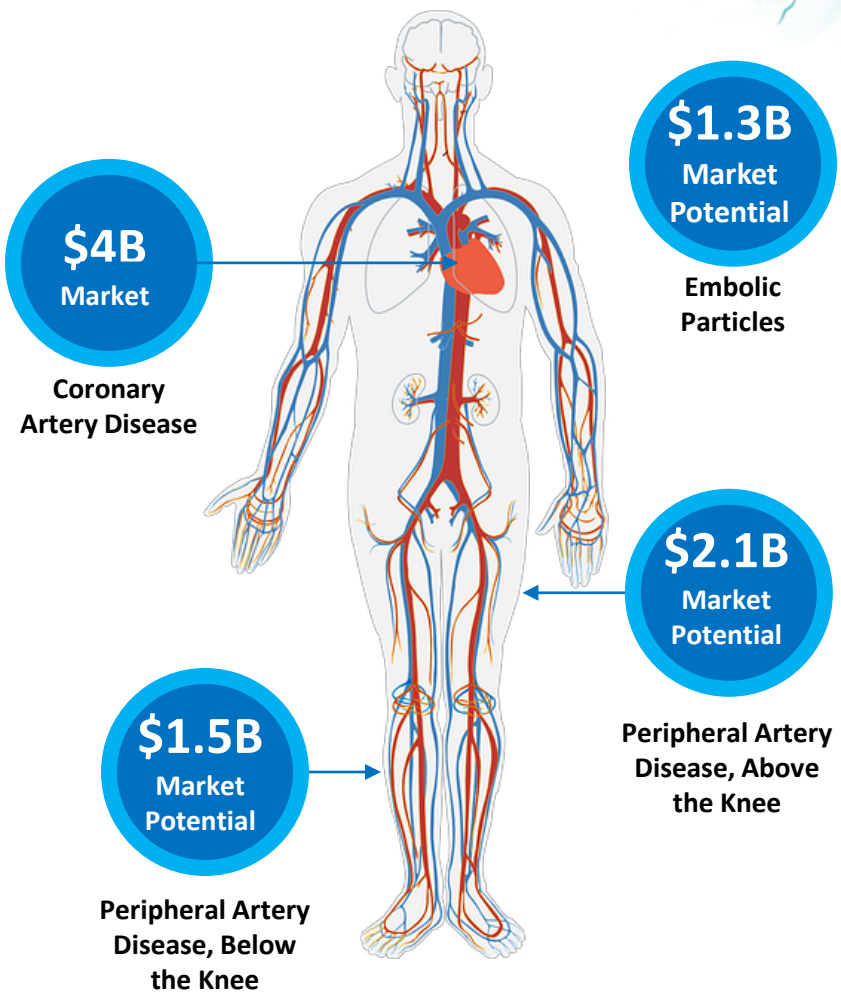
Commercializing a proprietary product for Coronary Artery Disease and pursuing Peripheral Artery Disease and Embolic therapies

REVA's Disruptive Technology

Tyrocore™

- Proprietary bioresorbable polymer
- Uniquely designed for vascular scaffold applications
- Derived from naturally occurring tyrosine amino acid
- Covalently bound iodine for radiopacity
- Patent protection for 19 biomaterial polymer families
- Polymer properties are tailorable to meet a clinical application by modifying:
  - Strength
  - Flexibility
  - Degradation time
  - Drug delivery profile

Vascular Applications

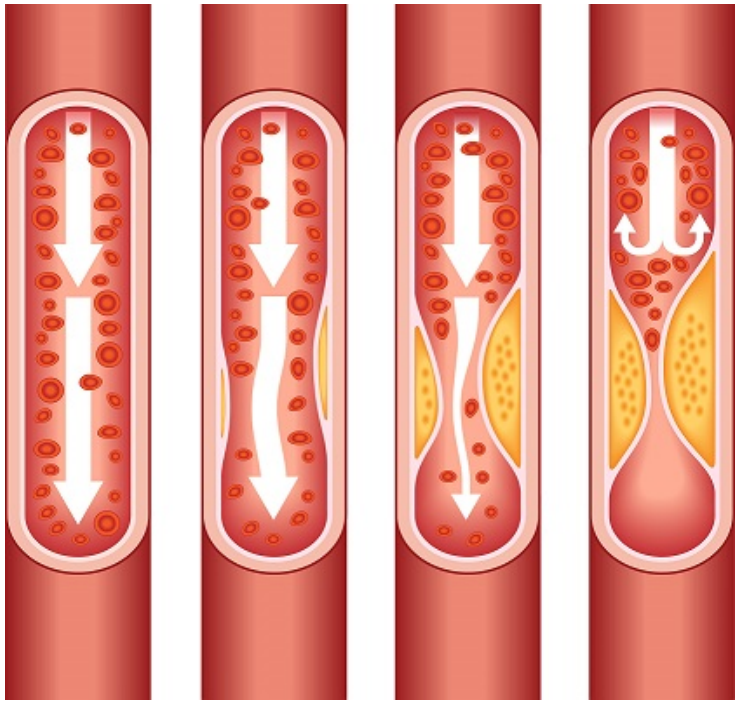


Sources: CAD Market: JP Morgan Equity Research Interventional Cardiology Market Model Dec. 2016; PAD Markets: BTK: Nehler M, et al. Epidemiology of peripheral arterial disease and critical limb ischemia in an insured national population. JVS 2014.; ATK: Murabito J, et al. Temporal trends in the incidence of intermittent claudication from 1950-99. AJE 2005.; Population data from United Nations online database.; Embolics: Market Research Engine, 2017.

The Problem: Coronary Artery Disease

Cardiovascular Disease is the leading cause of death globally[1]

- Coronary Artery Disease (CAD) is the most common type of heart disease
- CAD occurs when a build-up of plaque in a coronary artery blocks the flow of blood to the heart muscle
- Treatments for CAD aim to restore blood flow through the blocked artery



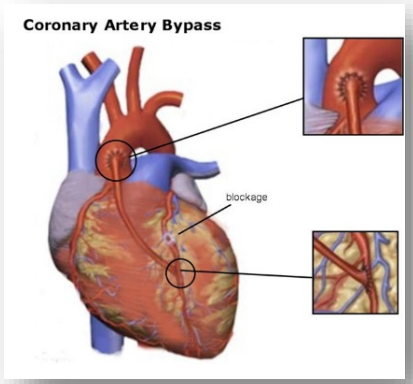
https://www.cdc.gov/heartdisease/facts.htm

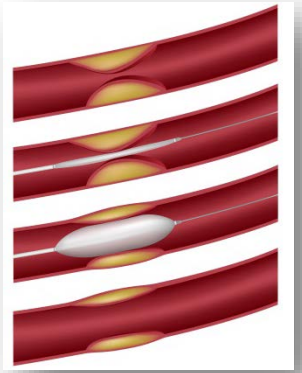
1. Source: World Health Organization Factsheet, May 2017. http://www.who.int/mediacentre/factsheets/fs317/en/

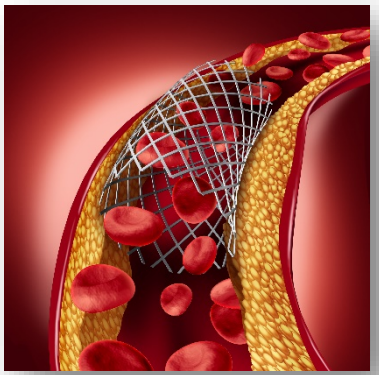
Evolution of Treatments for CAD

History of rapid innovation

1960s	1970s	1990s	2002
Open Heart Surgery CABG	Balloon Angioplasty	Bare Stents	Drug-Eluting Stents (DES)

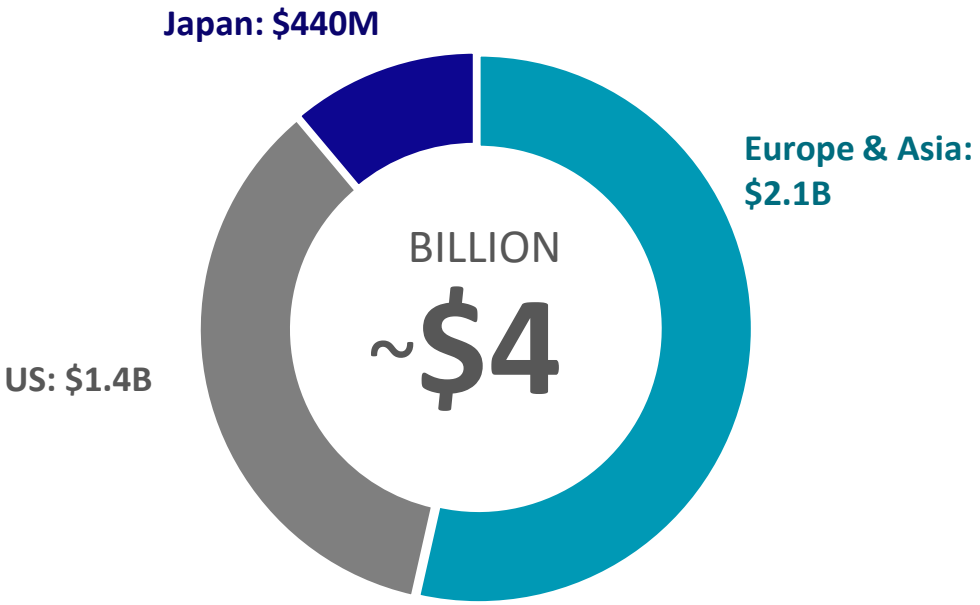






Global Coronary Stent Market

Large and Profitable



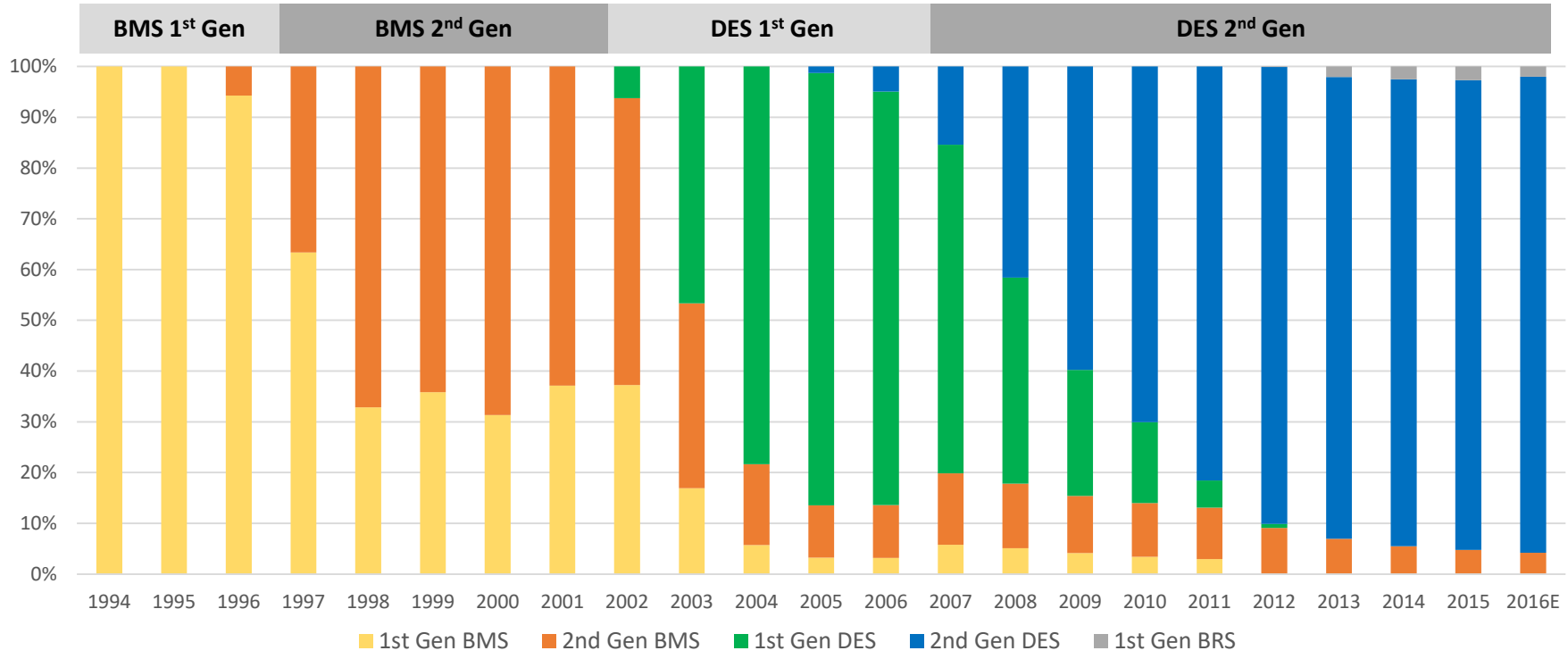
WW Market Share	
Abbott (Xience Sierra)	32%
Boston Scientific (Synergy)	33%
Medtronic (Resolute Oynx)	28%
Other	7%

"The good news about those [CRM and stent] businesses is, they are **extremely profitable and they generate high cash flows**." Miles White, CEO Abbott, Q2 2017 Earnings Call

Market data source: Year 2017, JP Morgan Equity Research Interventional Cardiology Market Model Feb. 2018.

Large and Rapid Market Share Disruptions with New Technology Introductions

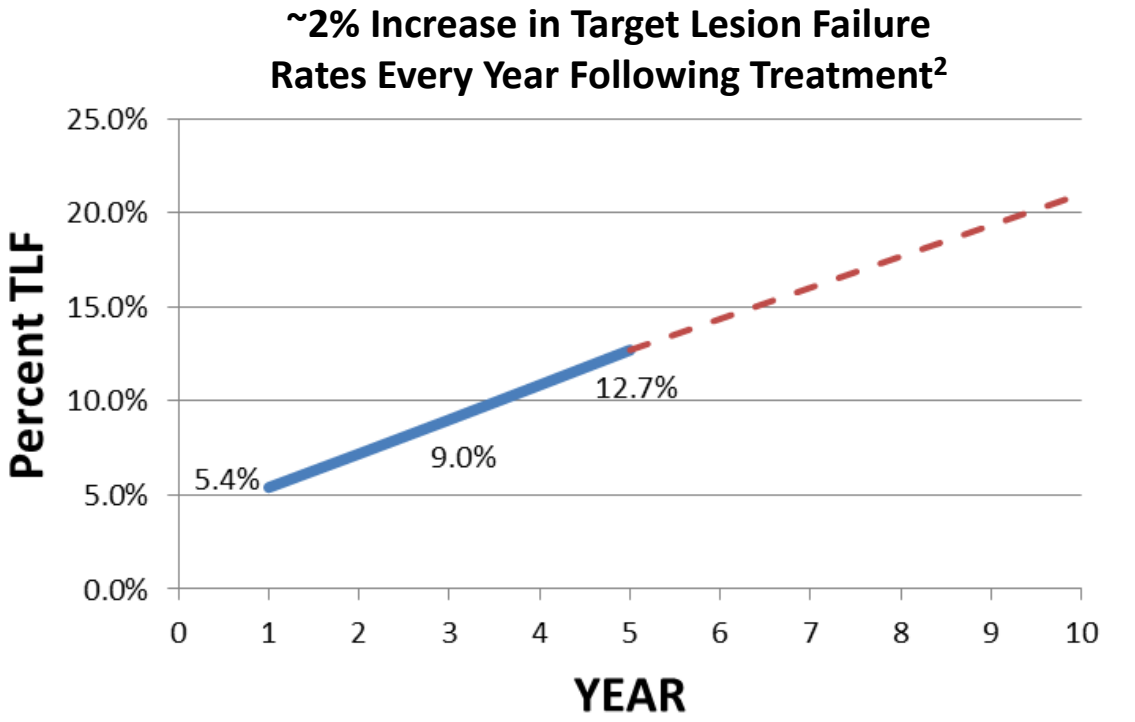
Innovation Matters:
Current players not focused on R&D creating opening for companies with a disruptive innovation



Source: JP Morgan Equity Research Interventional Cardiology Market Model Dec. 2016.

Current Standard of Care (DES) Carries Long-Term Risk for Short-Term Benefit

- Mechanical vessel support is only needed for 3-6 months[1]
- DES are a permanent metal implant for life
- DES are associated with long-term risk for adverse events

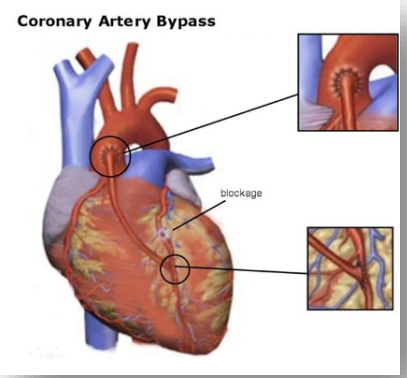


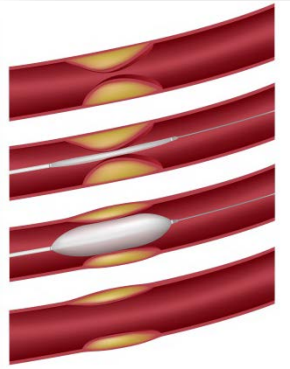
TLF = cardiac death, target vessel MI, ischemic-driven TLR

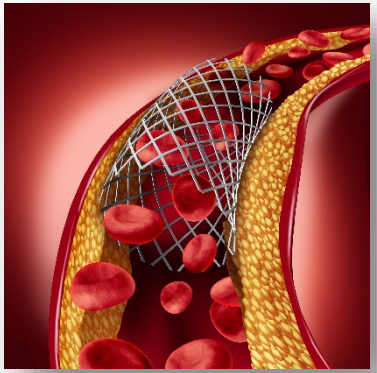
1) Serruys P, et al. Incidence of restenosis after successful coronary angioplasty: a time-related phenomenon. A quantitative angiographic study in 342 consecutive patients at 1, 2, 2, and 4 months. *Circ* 1988;77:361-71. 2) Gada H, et. Al. 5-year results of a randomized comparison of Xience V everolimus-eluting and Taxus paclitaxel-eluting stents. *J Am Coll Cardiol Intv* 2013;6:1263-6; Data from year 5 to 10 extrapolated from 5-year data.

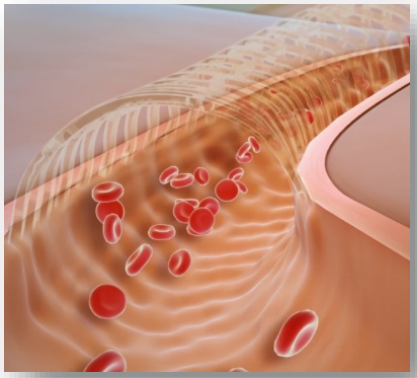
Next Evolution: Bioresorbable Scaffolds

1960s	1970s	1990s	2002	2013 and beyond
Open Heart Surgery CABG	Balloon Angioplasty	Bare Stents	Drug-Eluting Stents (DES)	**Bioresorbable Drug-Eluting Scaffolds**





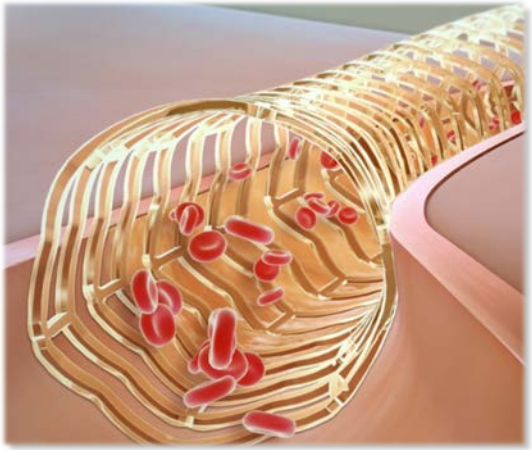




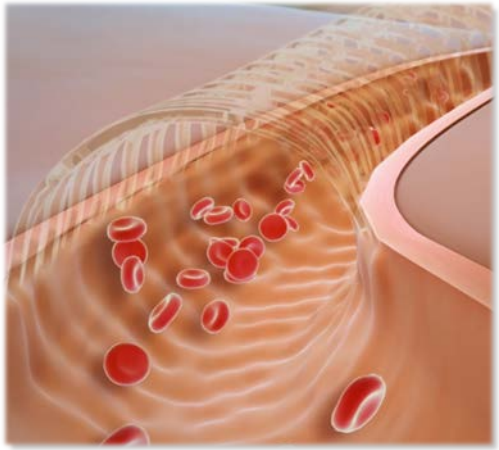
What is a Bioresorbable Scaffold?

- Temporary implantable device restores blood flow to diseased arteries
- Provides radial support to artery during healing process
- Elutes drug to limit excess tissue formation
- Encapsulates within vessel wall
- Dissolves from the body over time and restores natural vessel motion

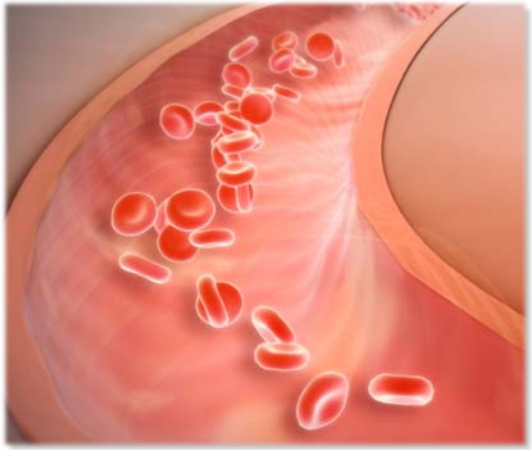
Restores Blood Flow



Supports Vessel Healing



Dissolves and Restores Motion



Given the Value of BRS over DES The Choice is Clear

Value to Physician and Patient

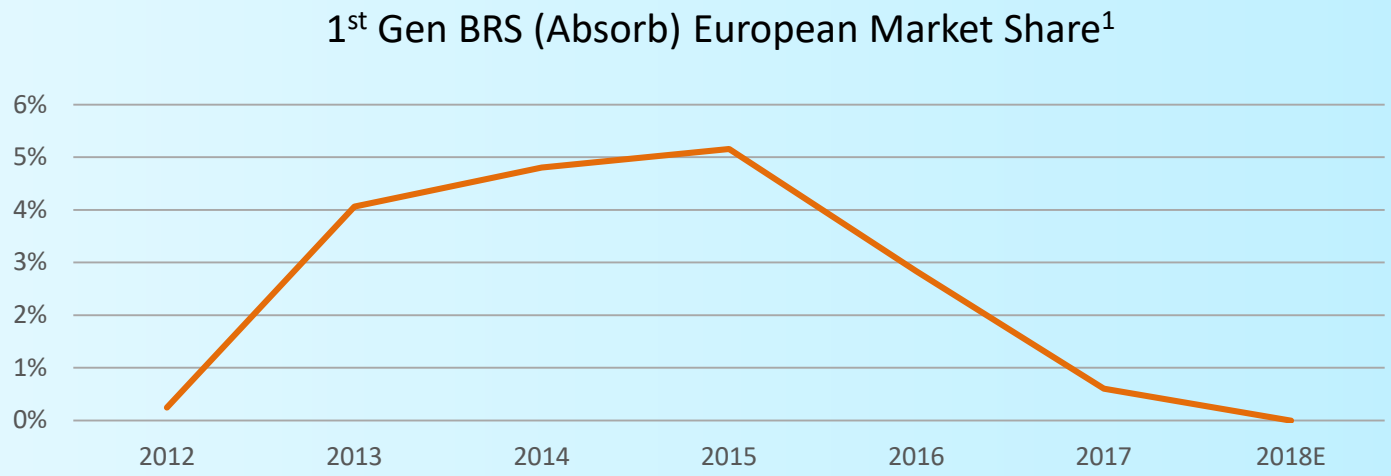
- Avoid an unnecessary permanent implant
- Allows artery to return to its natural state to restore freedom of movement
- May reduce the rate of future clinical events
- Preserves maximum flexibility for future treatment options (bypass grafting, MRI, CT)

"The ideal of a stent that does its job and disappears is a valuable long-term goal, especially in young patients with long life-expectancy."

EuroPCR 2017 course director Dr. William Wijns

1. Wood, S. New Absorb BVS meta-analysis begs the question: when to stop studying a first-gen device. *tctmd.com* July 2017.

1st Generation BRS Did Not Meet Expectations



2017
Abbott stops Absorb sales[8]

2011
CE Mark[2]

2012
European commercial launch[3]

2013
Emerging reports of acute scaffold thrombosis in ACS[4]

2014
Higher than expected early/mid-term scaffold thrombosis in GHOST-EU study[5]

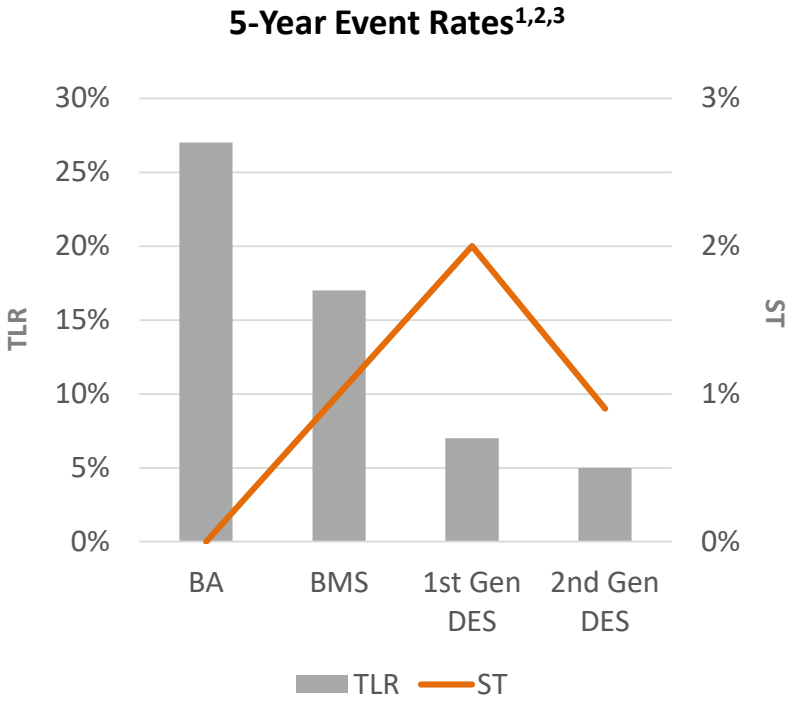
2015
ABSORB III 1-year results show trend towards higher scaffold thrombosis compared to DES[6]

2016
ABSORB II 3-year results reveal very late thrombosis events[7]

1) Calculated as Absorb Sales / DES Sales from JP Morgan Equity Research Interventional Cardiology Market Model Feb. 2018. 2) Abbott press release, Jan. 2011. 3) Abbott press release, Sept. 2012. 4) Jaguszewski M, et al. Acute thrombosis of bioabsorbable scaffold in a patient with acute coronary syndrome. *EHJ* 2013 doi:10.1093/eurheartj/eht060. 5) Capodanno D, et al. Percutaneous coronary intervention with everolimus-eluting bioresorbable vascular scaffolds in routine clinical practice: early and midterm outcomes from the European multicenter GHOST-EU registry. *EI* 2015;10:1144-1153. 6) Ellis S, et al. Everolimus-eluting bioresorbable scaffolds for coronary artery disease. *NEJM* 2015;373:1905-15. 7) Serruys P, et al. ABSORB II: Three year clinical outcomes from a prospective, randomized trial of an everolimus-eluting bioresorbable vascular scaffold vs an everolimus-eluting metallic stent in patients with coronary artery disease. Presented TCT 2016. 8) Cox, C. No more Absorb BVS: Abbott puts a stop to sales. *tctmd.com* 2017.

History Repeats: Late Stent Thrombosis Nearly Stopped DES

Without Continued Innovation, We Might Not Have 2nd Generation DES



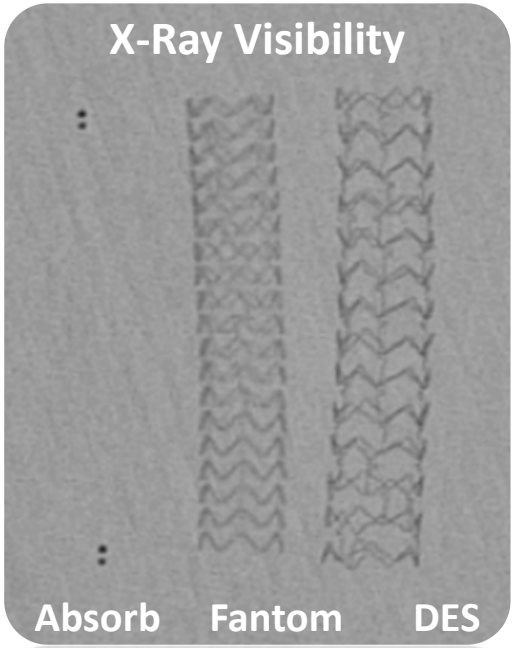
- DES designed to reduce restenosis (TLR) rates
- But, stent thrombosis emerged as a large concern
- FDA Advisory Panel convened 12/2006 to evaluate DES and stent thrombosis risks
- DES lost nearly 30% market share to BMS as physicians returned to using BMS over these safety concerns[4]
- 2nd generation DES technical advancements resulted in improved outcomes and are now the standard of care

1) BA & BMS TLR: Kiemeneji F, et al. Continued Benefit of Coronary Stenting Versus Balloon Angioplasty: Five-Year Clinical Follow-Up of Benestent-I Trial. JACC 2001;37:1598-603. 2) BMS ST: Ellis S, et al. Long-term safety and efficacy with paclitaxel-eluting stents. JACC 2009;2:1248–59. 3) DES: Jensen LO, et al. Safety and efficacy of everolimus versus sirolimus eluting stents 5 year results from SORT-OUT IV. JACC 2016;67:751-62. 4) Wells Fargo Securities Yearly Drug-Eluting Stent Sales Estimates: 2010A to 2018E, Feb 2018.

REVA's 2nd Generation Fantom BRS Improves Over 1st Generation

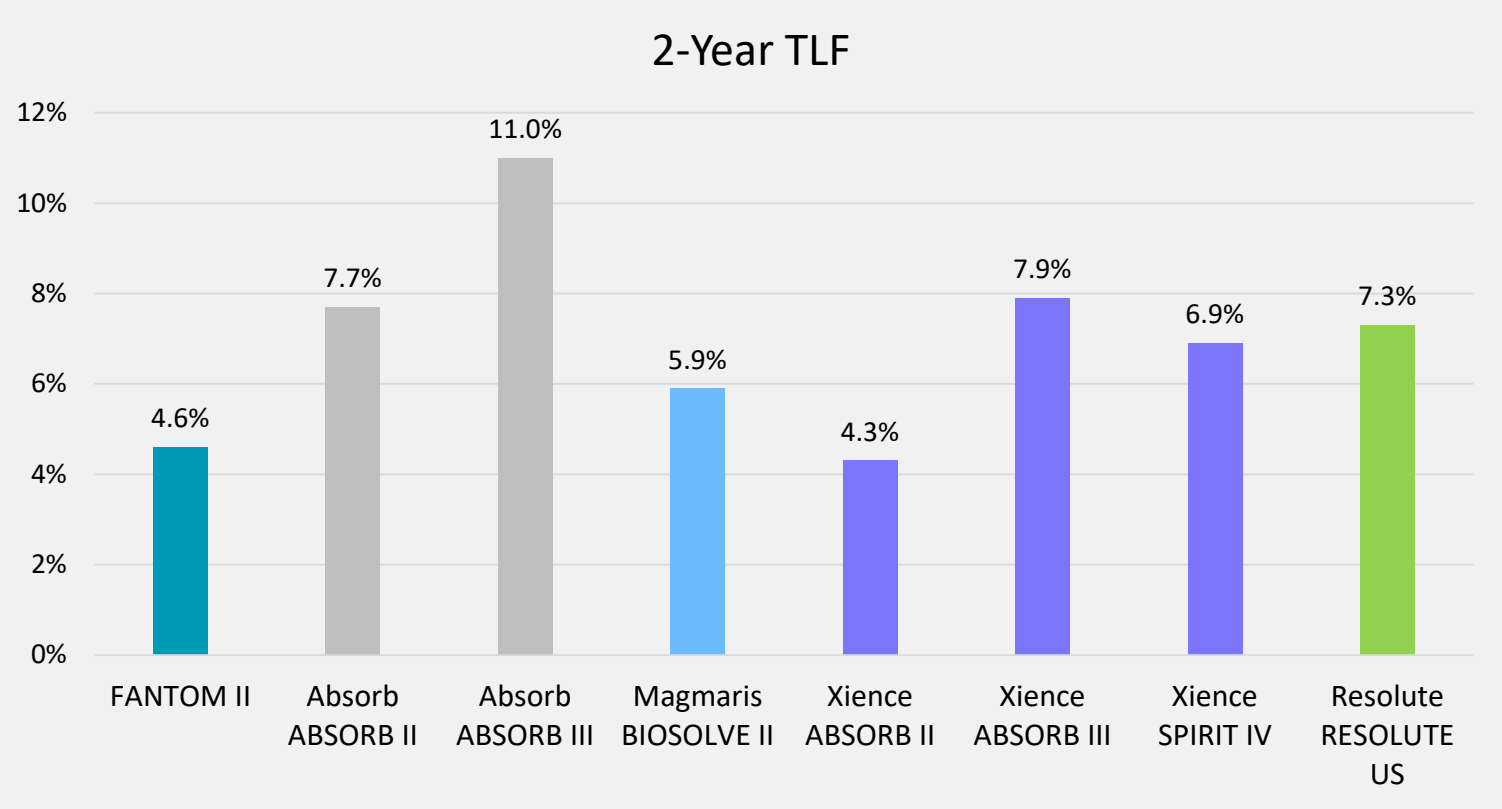
Our Tyrocore Polymer Makes Fantom the Most Technically Advanced BRS

- ✓ **Thin strut profile** for deliverability and vessel healing
- ✓ **X-ray visible** for treatment accuracy
- ✓ Key **ease-of-use** features like single-step inflation and higher expansion range
- ✓ **Biocompatible** for safety
- ✓ **Stable** for room temperature shipping and storage



Fantom Clinical Performance

Excellent Clinical Performance through 2 Years



*FANTOM II primary endpoint was Major Adverse Cardiac Events (MACE) which includes non-target vessel MI. The 24-month MACE rate was 5.0%.

1) FANTOM II: Data on file at REVA Medical. MACE rates presented: Abizaid, A. New 24-month data from the FANTOM II clinical trial. EuroPCR 2018. 2) ABSORB II: Chevalier B, et al. The 2-year Clinical Outcomes of the ABSORB II Trial: First Randomized Comparison between the Absorb Everolimus Eluting Bioresorbable Vascular Scaffold and the XIENCE Everolimus Eluting Stent. TCT 2015. 3) ABSORB III: Ellis S, Kereiakes, D. A bioresorbable everolimus-eluting scaffold versus a metallic everolimus-eluting stent: ABSORB III. Presented ACC 2017. 4) BIOSOLVE II: Haude M, et al. Short and midterm safety, clinical performance and multimodality imaging results of the drug-eluting absorbable metal scaffold: Combined data of the BIOSOLVE-II and BIOSOLVE-III trials. EuroPCR 2017. 5) SPIRIT IV: Stone G, et al. Randomized Comparison of Everolimus- and Paclitaxel-Eluting Stents 2-Year Follow-Up From the SPIRIT IV Trial. JACC 2011;58(1):19-25. 6) RESOLUTE US: Mauri L. 2-year clinical outcomes from the pivotal RESOLUTE US study. Presented ACC 2012.

Demonstrated Low Scaffold Thrombosis

Strong Performance through 24 Months

	Fantom (n=240)	Absorb (n=1,322)	Xience DES (n=686)
Study	FANTOM II[1]	ABSORB III	ABSORB III
Scaffold Thrombosis			
Acute (0 to 1 day)	0%	0.15%[2]	0.58%[2]
Subacute (2 to 30 days)	0.4%	0.91%[2]	0.15%[2]
Late/Very Late (>31 days)	0.4%	0.76%[2,3]	0%[2,3]

1) Abizaid, A. New 24-month data from the FANTOM II clinical trial. EuroPCR 2018. 2) Ellis S, et al. Everolimus-eluting bioresorbable scaffolds for coronary artery disease. *NEJM* 2015;373:1905-15. 3) Ellis S, Kereiakes, D. A bioresorbable everolimus-eluting scaffold versus a metallic everolimus-eluting stent: ABSORB III. Presented ACC 2017.

Fantom Leading BRS Competition

Product	Novel Material	Thin Struts	X-Ray Visible	Commercial Status
Fantom REVA Medical	✓ **Tyrocore**	✓ **125 µm**	✓ **Yes**	**CE Mark**
Magmaris Biotronik	✓ Magnesium	x >150 µm	x No	CE Mark
DESolve Elixir Medical	x PLLA	x >150 µm	x No	CE Mark
Absorb Abbott	x PLLA	x >150 µm	x No	Off market
Aptitude Amaranth	x PLLA	✓ 115 µm	x No	CE Submitted
MeRes100 Meril	x PLLA	✓ 100 µm	x No	Commercial in India

Competitor material and strut thickness: Ormiston, J. New BRS Platforms. Presented EBC Rotterdam 2016.; Foin, N. Biomechanical Assessment of Bioresorbable Devices. Presented CRT 2017.

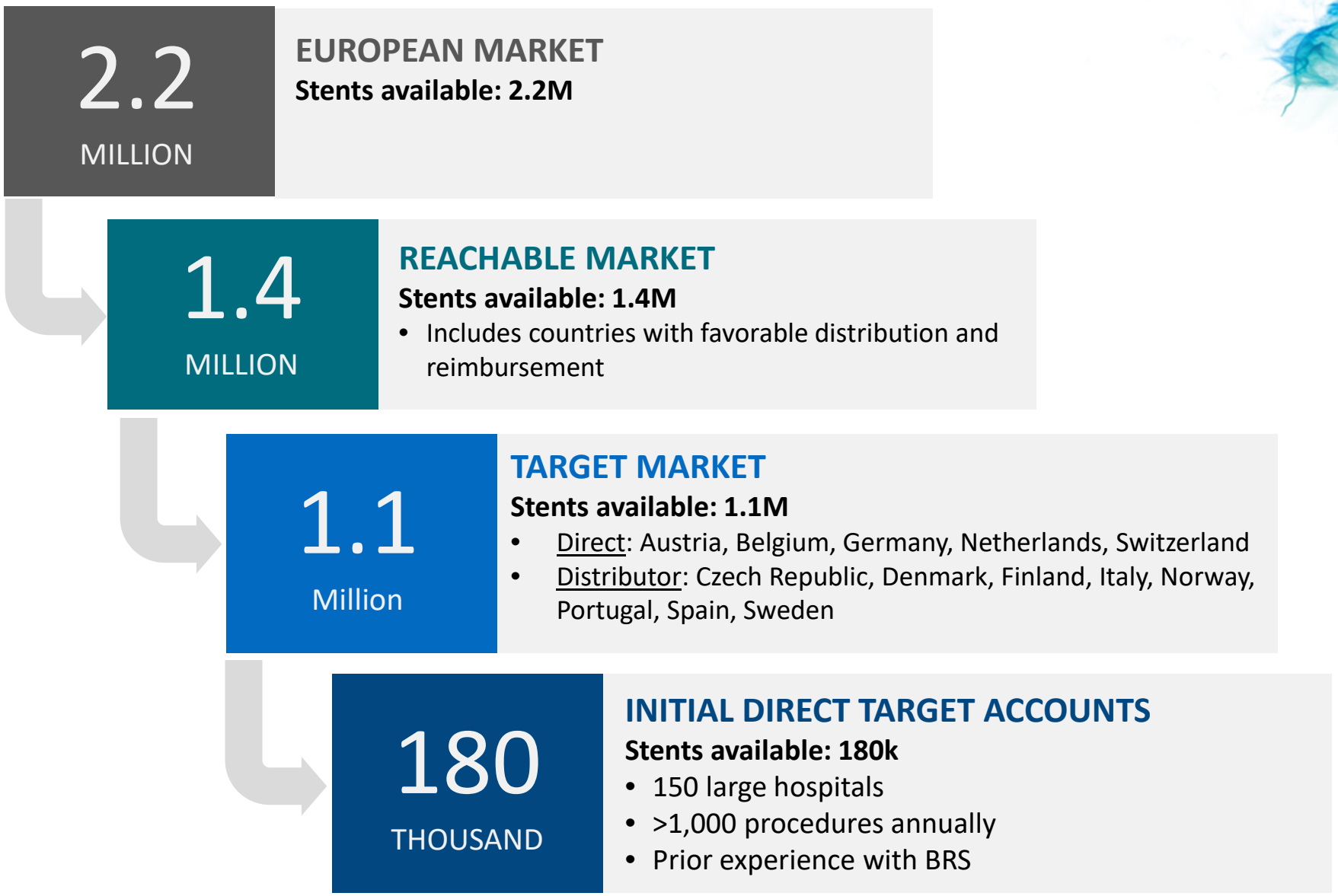
Fantom Launch Underway

Making Commercial Progress Every Quarter

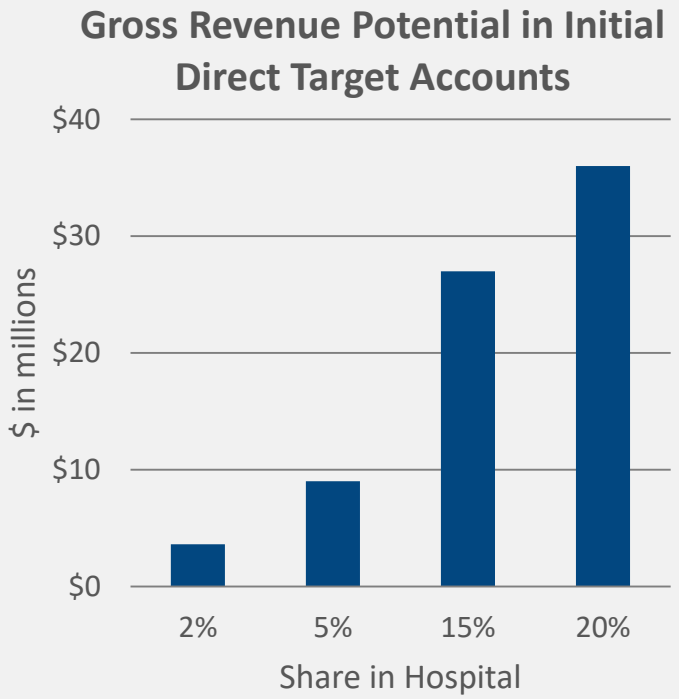
	Q3 2017	Q4 2017	Q1 2018	Q2-Q4 2018
Targeted Launch	**Direct Sales** in Germany, Switzerland, and Austria			**Direct:** Belgium and Netherlands **Distributor**: Europe, Middle East, South America
Customers		125% increase	78% increase	tba
Billings[1]	$105,000	$98,000	$128,000	tba
Revenue[2]	$17,000	$28,000 65% growth	$53,000 89% growth	tba
Milestones	1st commercial shipments	FANTOM II interim 2-year clinical data release	Fantom Encore 2.5 mm CE Mark BTK CE Mark submission	FANTOM II 2-year data release European Post Market Trial Fantom Encore Full Product Line Launch

1) Product billings are invoiced at the time of shipment.
2) Revenue is recognized per our policy outlined in Form 10-Q filed with the US Securities and Exchange Commission (the "SEC") on May 9, 2018.

Large Addressable Market in Europe



Attractive Direct Sales Market Opportunity with Geographic Growth Potential[1]



SHARE GROWTH DRIVERS

- Clinical experience
- New product launch
- Indication expansion: long lesion, multi-vessel, AMI

Revenue Potential

European Target Markets

Direct Sales in Target Accounts

- **$36 million** – 20% share

Direct Sales in Target Markets

- **$7 million** – each 1% share
- **$140 million** – 20% share

Distributors:

- **$4 million** – each 1% share

Middle East and South America Target Markets

Distributors:

- **$2.5 million** – each 1% share

1) Calculations based on estimated annual procedures and an illustrative ASP of $1,000 direct or $800 distributor

Expanding Evidence through the Fantom Global Clinical Program

Enrollment Complete – In Follow Up		
FANTOM I	First-in-human safety study (n=7)	Year 4
FANTOM II Cohorts A&B	Multi-center safety and performance study (n=240)	Year 3
Enrolling		
FANTOM II Cohort C	Long lesion and multiple vessel study (n=30-50)	enrolling
FANTOM STEMI	Single center pilot study in STEMI (n=10-20)	enrolling
FANTOM Post Market Trial	European post-market trial (n=1,500)	enrolling
Planning		
FANTOM III (US pivotal trial)	Multi-center RCT vs. metallic DES (n=1,800-2,200)	planning
FANTOM Asia	Multi-center RCT vs. metallic DES (n=350-400)	planning

Extending Technological Lead

Fantom Encore – 3rd Generation Bioresorbable Scaffold

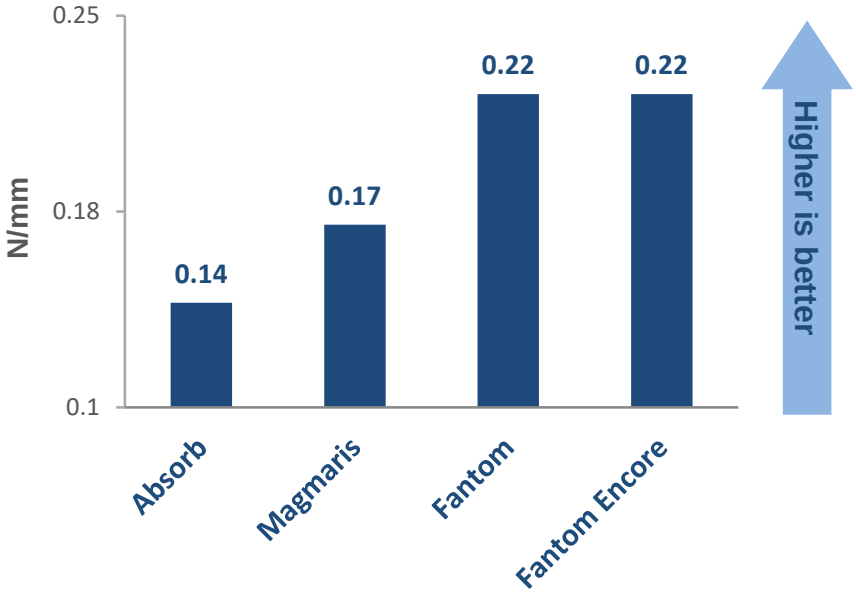
Achieving a Thinner Strut Profile without Compromising Strength Widens the Gap between REVA and the Competition

Strut Profile

	Absorb[1]	Magmaris[1]	Fantom	Fantom Encore
2.5 mm	157 µm	n/a	125 µm	**95** µm
3.0 mm	157 µm	166 µm	125 µm	**105** µm
3.5 mm	157 µm	166 µm	125 µm	**115** µm

- No changes to Tyrocore polymer composition or scaffold design
- Improved polymer processing and manufacturing techniques

Radial Strength[2]



1) Includes coating. Ormiston, J. New BRS Platforms. Presented EBC Rotterdam 2016.; Foin, N. Biomechanical Assessment of Bioresorbable Devices. Presented CRT 2017. 2) Bench testing on 3.0 mm scaffolds in water at 37°C. Radial strength measured at 15% compression. Tests performed by and data on file at REVA Medical.

Improving Peripheral Artery Disease Treatment with Bioresorbable Scaffolds

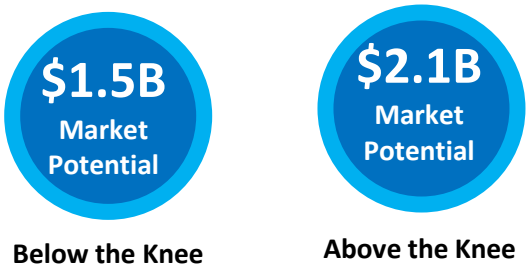
The Challenge

- Underdiagnosed: estimated > 200 million cases worldwide[1]
- Strong mechanical forces in the legs
- High restenosis rates require retreatment

Value of BRS

- Treat the diseased segment and leave nothing behind
- Preserve retreatment options
- Eliminate issues associated with metal fracture
- Proof of concept Abbott's Esprit BRS: 11.8% TLR at 2-years (n=35)[2], compares favorably to
  - DES: 19.5% with paclitaxel-eluting Zilver stent
  - DCB: 30% with paclitaxel-eluting Lutonix DCB

Large Global Market Potential



REVA Peripheral Development Plans

- Secure CE Mark in BTK and run initial post-market study
- Polymer R&D for optimal characteristics of scaffolds for ATK applications
- Development of tailored bioresorbable scaffold products

1) del Conde, I. Prevalence and importance of PAD diagnosis and treatment. ISET 2017. 2) Lammer J, et al. Bioresorbable Everolimus-Eluting Vascular Scaffold for Patients With Peripheral Artery Disease (ESPRIT I) 2-Year Clinical and Imaging Results. *JACC CI* 2016;9(11)1178-87.

Making the World's First X-ray Visible, Absorbable Embolic Bead

Embolization Overview

- Purpose to occlude blood vessels to restrict the supply of blood to a tumor
- Common Applications
  - Oncology, especially hepatocellular carcinoma
  - Uterine fibroids
  - Benign prostatic hyperplasia

Large Market Opportunity

- **500,000 new cases** of hepatocellular carcinoma are diagnosed every year[1]
- **75% of women** will develop uterine fibroids in their lifetime[2]
- **50% of men** will develop BPH by age 60[3]

Competitive Landscape

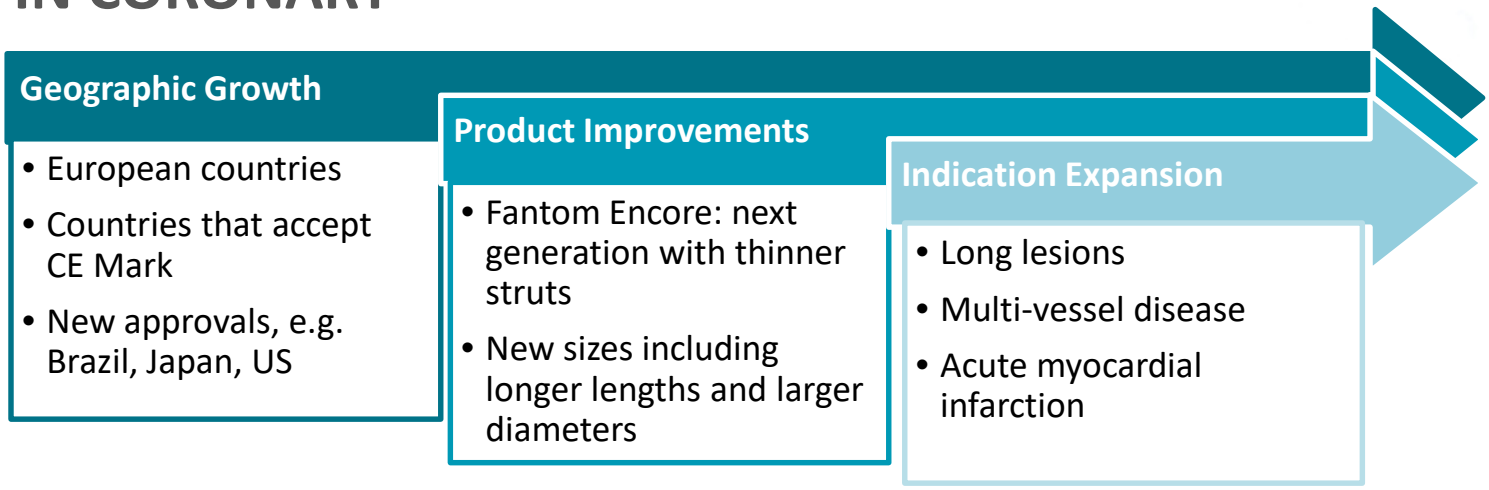
Benefits of Tyrocore Embolization Particles

- ✓ Visible under x-ray
- ✓ Easy to use / injectable
- ✓ Shapeable
- ✓ Controlled compressibility
- ✓ Absorbable to avoid chronic inflammation
- ✓ Loadable for drug delivery
- ✓ Preserves retreatment option

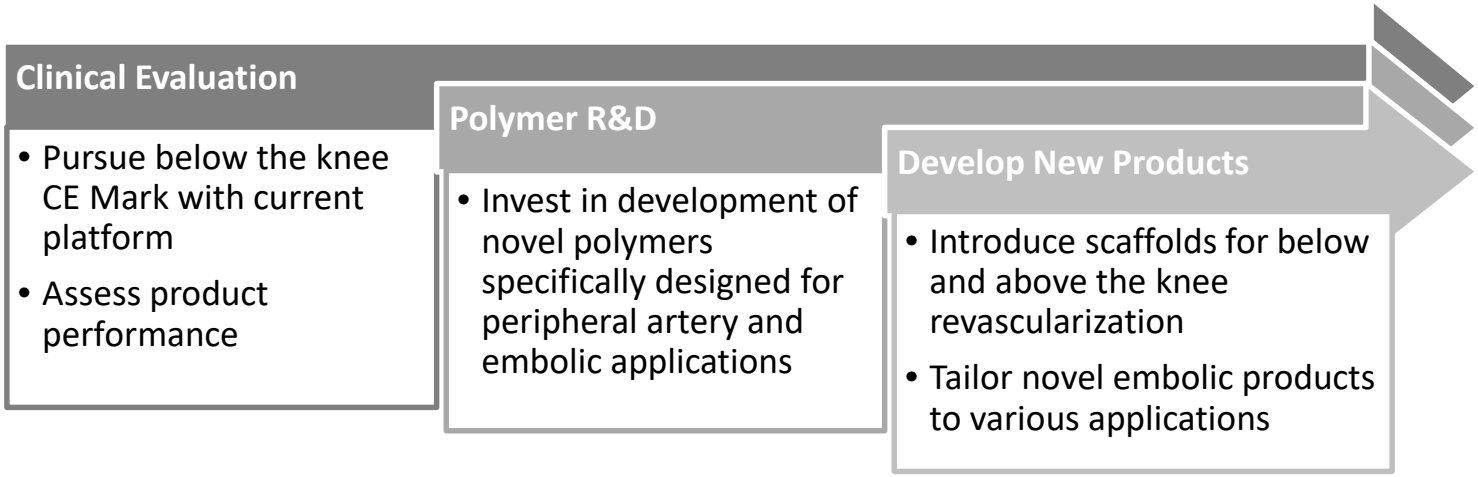
1) Pleguezuelo M, et al. TACE versus TAE as therapy for hepatocellular carcinoma. *ERAT* 2008;8(10):1623-41. 2) Stewart EA, et al. Epidemiology of uterine fibroids: a systematic review. *BJOG* 2017;124:1501–12. 3) Lu SH, Chen CS. Natural history and epidemiology of benign prostatic hyperplasia. *FJS* 2014;47:207-10.

Long Term Growth Strategy

WIN IN CORONARY

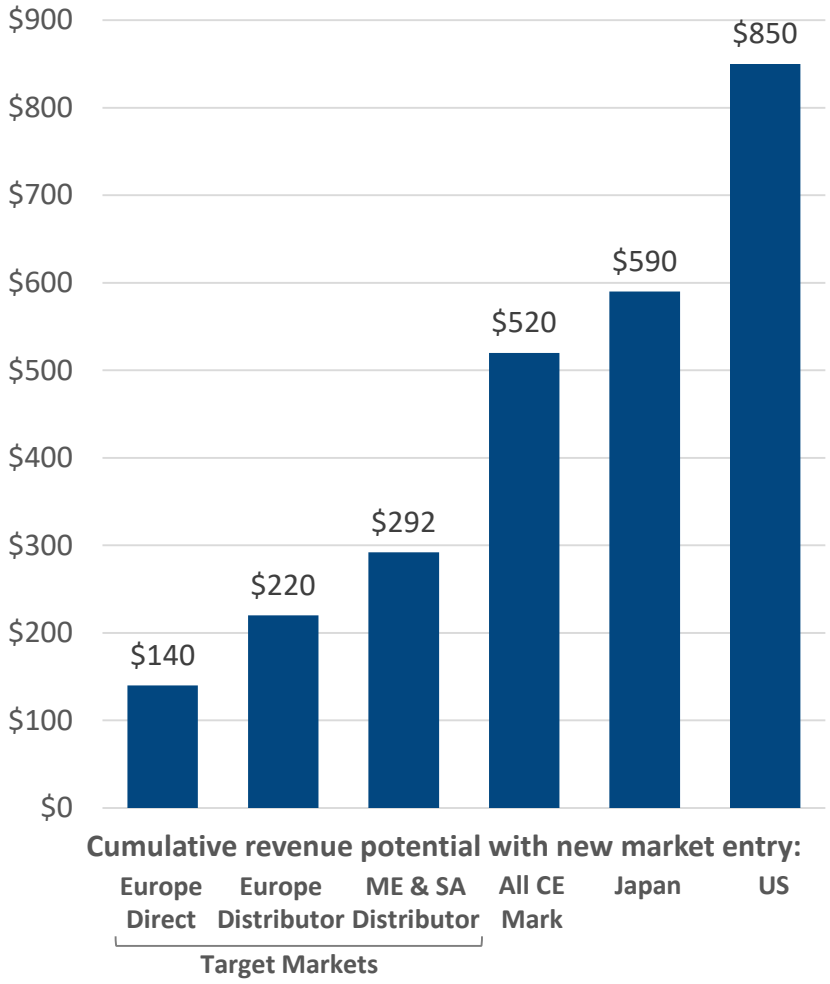


INVEST IN PERIPHERAL AND EMBOLICS



Innovating to Build a $1+ Billion Company

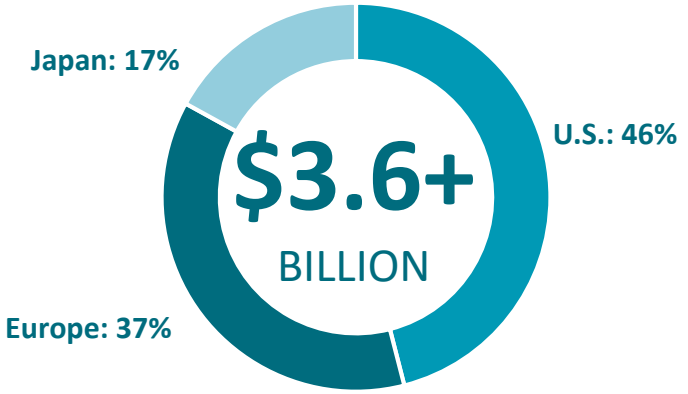
Coronary Revenue Potential



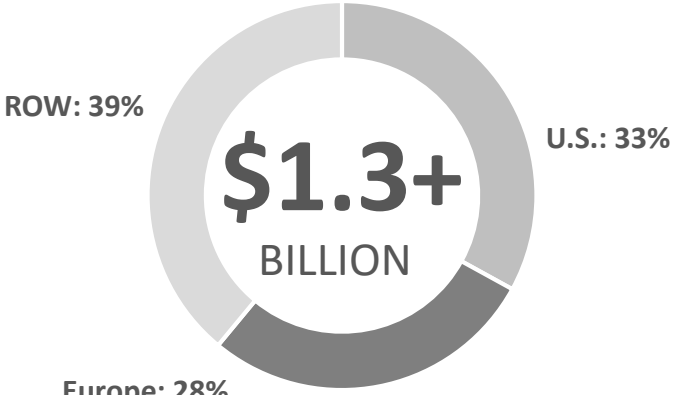
Revenue calculation assumes 20% market share and $1,000 ASP

Peripheral and Embolics Market Opportunities

BELOW AND ABOVE THE KNEE



EMBOLIC PARTICLES



Sources: Coronary estimate: DRG MedTech 360 Market Report IC Devices Europe, June 2015; Peripheral estimate: BTK: Nehler M, et al. Epidemiology of peripheral arterial disease and critical limb ischemia… JVS 2014.; ATK: Murabito J, et al. Temporal trends in the incidence of intermittent claudication from 1950-99. AJE 2005.; Population data from United Nations database. Embolics estimate: 2016 Market Research Engine Embolics Report.

Experienced Management Team

Reggie Groves
CHIEF EXECUTIVE OFFICER

Brandi Roberts
CHIEF FINANCIAL OFFICER

Jeffrey Anderson
SVP, CLINICAL AND REGULATORY AFFAIRS

Richard Kimes
SVP, OPERATIONS

Carmelo Mastrandrea
VP, EUROPE

Joann Yao
SR. DIR., GLOBAL MARKETING

Board of Directors

Ray Larkin, Chairman (2017–)
Eunoe Inc, Bentley Labs, Nellcor Puritan Bennett

Reggie Groves, CEO (2017–)
Medtronic, McKinsey

Bob Stockman, Co-Founder (1999–)
Ioptex, “A” Company, Critikon

Brian Dovey (2001–)
Domain Associates, Rorer Group

Robert Thomas (2010–)
Citigroup Australia, multiple boards

Ross Breckenridge, MA FRCP PhD (2015–)
Silver Creek Pharmaceuticals, University College London Hospital

Steve Oesterle (2018–)
Medtronic, NEA, Temasek, Harvard & Stanford



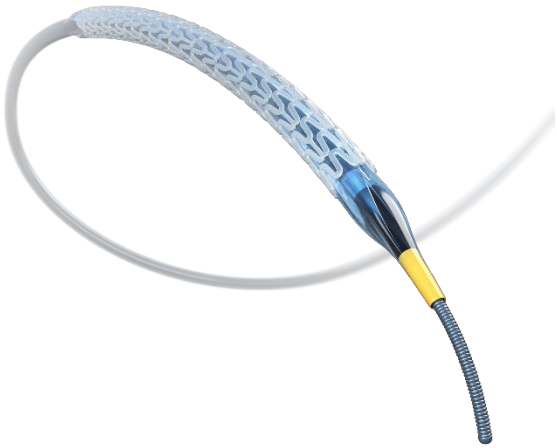




Corporate Priorities & Milestones

CORPORATE PRIORITIES

1. Ensuring Fantom's commercial success
2. Expanding our business
3. Managing our cash position



UPCOMING MILESTONES

- Launch of Fantom Encore full matrix, 2018
- Geographic expansion to additional countries in Europe, Middle East, and South America, 2018
- CE Mark for Fantom in below-the-knee application, 2018
- US conditional IDE study protocol approval, anticipated 2018

REVA Investment Highlights

DISRUPTIVE TECHNOLOGY

- Proprietary bioresorbable polymer technologies for vascular applications
- Strong IP patent protection extending 2029-2034

LARGE, PROFITABLE MARKET

- FIRST & ONLY proprietary polymer for coronary bioresorbable scaffolds: Fantom® and Fantom Encore made with Tyrocore™
- ~$4 billion coronary stent market ripe for innovation

COMMERCIALIZING FANTOM®

- Commercial: Germany, Switzerland, Austria, Turkey
- In progress: Countries in Europe, Middle East, and South America

INNOVATIVE PIPELINE

Multiple opportunities for growth:

- Geographic growth and expanded clinical evidence for coronary scaffolds
- New products for below and above the knee peripheral artery disease and embolics

CORPORATE FACTS

- Listed on Australian securities exchange in 2010 (ASX: RVA.AX)
- Cash: $14.9 million[1]
- Mkt Cap: $70 million[2]
- Potential US stock market listing 2018; SEC registered

1. Includes cash, cash equivalents, and investment securities as of March 31, 2018.
2. US dollars as of close June 19, 2018.

Fantom has CE Mark only. Fantom is available in select countries in Europe and the Middle East. Fantom is not available in the U.S. or other countries that do not accept CE Mark.