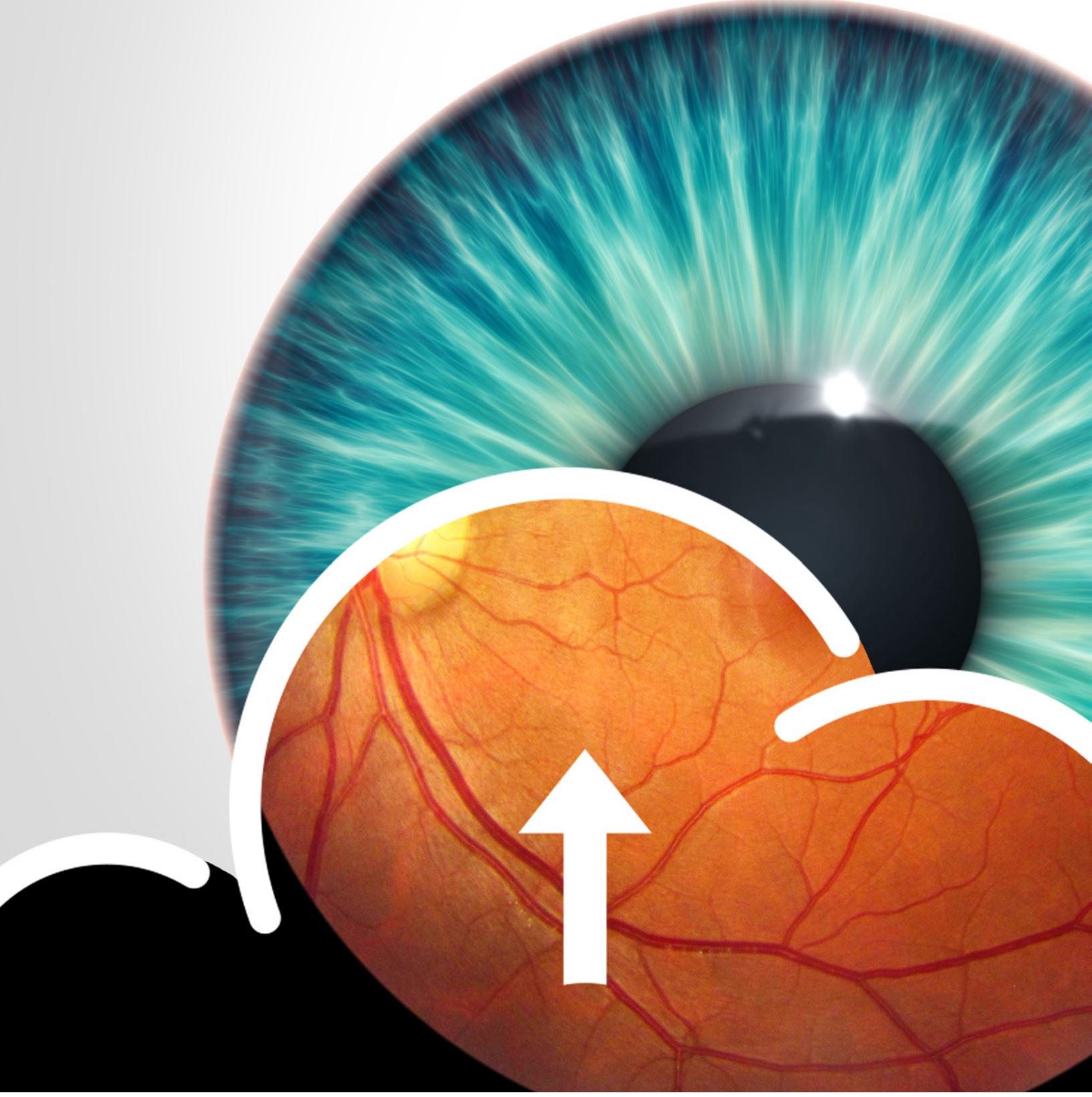


NOTAL VISION®

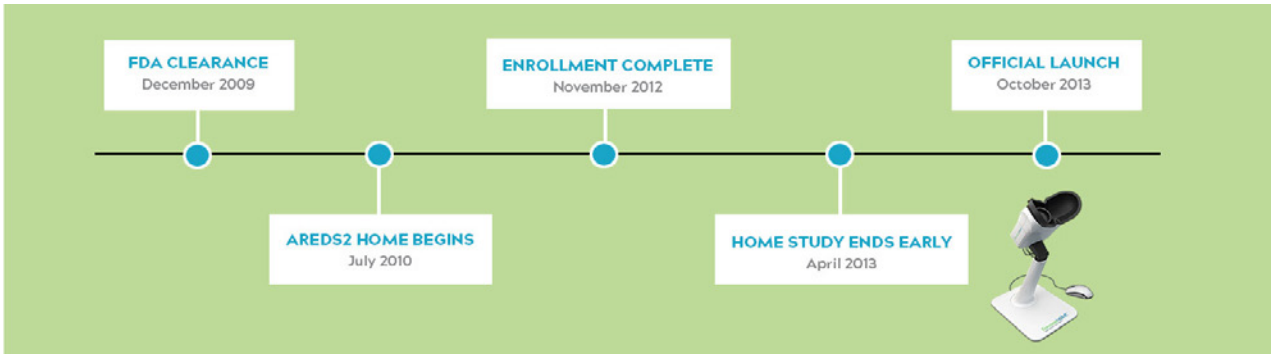
ADVANCING VISION CARE THROUGH THE ENHANCED MONITORING AND DIAGNOSIS OF RETINAL DISEASES

ABOUT NOTAL VISION

A true pioneer in the eye care industry, Notal Vision, Ltd. has developed and introduced the first home-based monitoring system for AMD patients, the ForeseeHome® AMD Monitoring Program.

The first generation of the PHP technology was introduced in 2004 with the launch of the Preview PHP, a device used by patients in the eye doctor's office. In 2006, launched an updated version of this office based device and in 2009, sold this product line to Reichert Ophthalmic Instruments in order to focus on a home-based telemonitoring solution. Notal Vision, Ltd. is no longer affiliated with the office based version of the PHP technology.

Notal Vision, Ltd. received FDA clearance for the ForeseeHome AMD Monitor in December 2009. In July 2010, the National Eye Institute (NEI), a division of the National Institutes of Health (NIH) began conducting a secondary study to AREDS2 with the ForeseeHome. Enrollment ended in November 2012, with over 1500 patients at risk of progression to wet AMD, an unprecedented number for a medical device study. In April 2013, the Data and Safety Monitoring Committee (DSMC) ended the study early due to positive results.



In October 2013, Notal Vision, Inc. began the official launch of the ForeseeHome AMD Monitoring Program. This revolutionary program is available to patients at risk of vision loss from wet AMD through Retina Specialists across the U.S.

Notal Vision, Inc.'s U.S. office and distribution center is located in Chantilly, VA, with corporate headquarters in Tel Aviv, Israel.

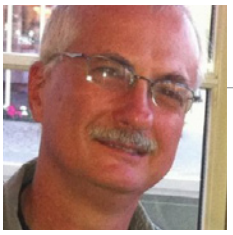
MANAGEMENT TEAM

Quinton Oswald
Chief Executive Officer

Mr. Oswald is an ophthalmic industry veteran. Prior to joining Notal Vision in 2016, Mr. Oswald served as CEO of Neurotech Pharmaceuticals. As CEO of SARcode Bioscience, he was instrumental in the clinical development of lifitegrast ophthalmic solution 5% (Xiidra™) for the treatment of dry eye disease, and its subsequent sale to Shire, PLC. Previously, he was Vice President & Business Unit Head for Genentech's Tissue Growth and Repair Business. During his tenure at Genentech, Mr. Oswald oversaw the highly successful commercial launch of Lucentis® (ranibizumab) for the treatment of wet AMD. Prior to Genentech, Mr. Oswald led the North American Ophthalmology business for Novartis, which, in conjunction with QLT, Inc., pioneered Visudyne® (verteporfin), the first drug treatment for wet AMD.

Susan Orr, O.D.
Chief Medical Officer & VP Medical Affairs

Dr. Orr has over 19 years of ophthalmic and retina strategy, development, and operational experience. Prior to joining Notal Vision, Dr. Orr served as Leader of Global Medical Affairs, Strategy, and Search & Evaluation for the Ophthalmology franchise at Janssen Pharmaceuticals, Inc., a division of Johnson & Johnson, and held key R&D and marketing leadership positions during her 17 year tenure at Alcon, a Novartis company.



Gidi Benyamini
General Manager, Notal Vision, Ltd.

Mr. Benyamini has over 13 years of experience in Ophthalmology Prior to joining Notal Vision, he was VP of Engineering and Manufacturing at LaserComm, a telecommunications company based in Dallas, Texas. Prior to that, he held various positions in the Israeli hi-tech industry.

Scott Jones
Chief Commercial Officer

Mr. Jones has over 25 years of experience in the pharmaceutical, biotech, and device industries. He has held several senior management positions in sales, marketing, reimbursement, and government affairs while at Novartis and QLT.

MANAGEMENT TEAM CONTINUED >

MANAGEMENT TEAM

Jim Long
Chief Financial Officer

Mr. Long, a skillful financial executive with more than 25 years of experience with private healthcare technology and services companies, began his career at Price Waterhouse and Touche Ross Consulting. Most recently, he was Interim Chief Financial Officer at MDLIVE, a leading telehealth provider of virtual, on-demand healthcare delivery services that has experienced dramatic growth. Prior to MDLIVE, he held several key leadership positions at Empresario Partners (an interim management consultancy), Lakeview Health Systems, First Med, MEDai (a SaaS predictive analytics technology firm), and CoreSource.

Jim Niebanck
VP Marketing & Sales

Mr. Niebanck has over 25 years of experience in sales, marketing and operational leadership positions most recently as Head of Strategy and Operations at Novartis prior to joining Notal Vision. During Mr. Niebanck's tenure at Novartis, he was also responsible for marketing Visudyne®.

Muki Rapp, Ph.D.
VP Research & Development

Dr. Rapp has over 14 years of experience in heading R&D projects in Ophthalmology. Prior to joining Notal Vision, he worked as a senior SW engineer in several start-up companies. He holds a Ph.D. and M.Sc. in neuroscience and a B.Sc. in computer science from the Hebrew University of Jerusalem.

Roni Amiel
Chief Information Officer

Mr. Amiel has more than 20 years of information systems leadership and brings extensive expertise of IT initiatives to this role. His most recent experience was at Frost Data Capital, which provides ideation, investment, and incubation to launch and scale startups. Prior to this, he was at Healthcare Analytics, where he was Chief Technology Officer and Chief Information Securing Officer. He was also the Chief Information Officer and Chief Information Security Officer for Blythedale Children's Hospital in New York. Mr. Amiel earned his Bachelor of Science in Business Administration with a concentration in Information Technology from Colorado Technical University and his Masters in Biomedical and Informatics from Rutgers University

INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) PERFORMANCE STANDARDS

Below is a list of the performance standards that an IDTF must meet in order to obtain or maintain their Medicare billing privileges. These standards, in their entirety, can be found in 42 C.F.R section 410.33(g).

1. Operate its business in compliance with all applicable Federal and State licensure and regulatory requirements for the health and safety of patients.

2. Provides complete and accurate information on its enrollment application. Changes in ownership, changes of location, changes in general supervision, and adverse legal actions must be reported to the Medicare fee-for-service contractor on the Medicare enrollment application within 30 calendar days of the change. All other changes to the enrollment application must be reported within 90 calendar days.

3. Maintain a physical facility on an appropriate site. For the purposes of this standard, a post office box, commercial mail box, hotel or motel is not considered an appropriate site.

(i) The physical facility, including mobile units, must contain space for equipment appropriate to the services designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records within the office setting of the IDTF, or IDTF home office, not within the actual mobile unit.

(ii) IDTF suppliers that provide services remotely and do not see beneficiaries at their practice location are exempt from providing hand washing and adequate patient privacy accommodations.

4. Have all applicable diagnostic testing equipment available at the physical site excluding portable diagnostic testing equipment. A catalog of portable diagnostic equipment, including diagnostic testin g equipment serial numbers, must be maintained at the physical site. In addition, portable diagnostic testing equipment must be available for inspection within two business days of a CMS inspection request. The IDTF must maintain a current inventory of the diagnostic testing equipment, including serial and registration numbers, provide this information to the designated fee-for-service contractor upon request , and notify the contractor of any changes in equipment within 90 days.

5. Maintain a primary business phone under the name of the designated business. The primary business phone must be located at the designated site of the business, or within the home office of the mobile IDTF units. The telephone number or toll free numbers must be available in a local directory and through directory assistance.

6. Have a comprehensive liability insurance policy of at least $300,000 per location that covers both the place of business and all customers and employees of the IDTF. The policy must be carried by a non-relative owned company. Failure to maintain required insurance at all times will result in revocation of the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter. In addition, the IDTF must -

(i) Ensure that the insurance policy must remain in force at all times and provide coverage of at least $300,000 per incident; and

(ii) Notify the CMS designated contractor in writing of any policy changes or cancellations.

7. Agree not to directly solicit patients, which include, but is not limited to, a prohibition on telephone, computer, or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending physician, who is furnishing a consultation or treating a beneficiary for a specific medical

problem and who uses the results in the management of the beneficiary's specific medical problem. Nonphysician practitioners may order tests as set forth in §410.32(a)(3).

8. Answer, document, and maintain documentation of a beneficiary's written clinical complaint at the physical site of the IDTF (For mobile IDTFs, this documentation would be stored at their home office.) This includes, but is not limited to, the following:

(i) The name, address, telephone number, and health insurance claim number of the beneficiary.

(ii) The date the complaint was received; the name of the person receiving the complaint; and a summary of actions taken to resolve the complaint.

(iii) If an investigation was not conducted, the name of the person making the decision and the reason for the decision.

9. Openly post these standards for review by patients and the public.

10. Disclose to the government any person having ownership, financial, or control interest or any other legal interest in the supplier at the time of enrollment or within 30 days of a change.

11. Have its testing equipment calibrated and maintained per equipment instructions and in compliance with applicable manufacturers suggested maintenance and calibration standards.

12. Have technical staff on duty with the appropriate credentials to perform tests. The IDTF must be able to produce the applicable Federal or State licenses or certifications of the individuals performing these services.

13. Have proper medical record storage and be able to retrieve medical records upon request from CMS or its fee-for-service contractor within 2 business days.

14. Permit CMS, including its agents, or its designated fee-for-service contractors, to conduct unannounced, on-site inspections to confirm the IDTF's compliance with these standards. The IDTF must be accessible during regular business hours to CMS and beneficiaries and must maintain a visible sign posting the normal business hours of the IDTF.

15. With the exception of hospital-based and mobile IDTFs, a fixed base IDTF does not include the following:

(i) Sharing a practice location with another Medicare-enrolled individual or organization.

(ii) Leasing or subleasing its operations or its practice location to another Medicare enrolled individual or organization.

(iii) Sharing diagnostic testing equipment using in the initial diagnostic test with another Medicare-enrolled individual or organization.

16. Enrolls in Medicare for any diagnostic testing services that it furnishes to a Medicare beneficiary, regardless of whether the service is furnished in a mobile or fixed base location.

17. Bills for all mobile diagnostic services that are furnished to a Medicare beneficiary, unless the mobile diagnostic service is part of a service provided under arrangement as described in section 1861(w)(1) of the Act.

Notal Vision Celebrates 3 Millionth ForeseeHome® AMD Home-Monitoring Test

Milestone achievement expands the reach of this sight-saving platform

Manassas, Virginia (October 5, 2017) - Notal Vision, Inc., a pioneer in home-based ophthalmic disease monitoring, announced the completion of the three millionth home test performed with ForeseeHome®, the first FDA-cleared home monitoring device for patients with intermediate dry age-related macular degeneration (AMD) at risk for developing wet AMD. ForeseeHome is the only device proven in a randomized controlled clinical trial to detect the onset of wet AMD earlier than standard care. Patients using ForeseeHome had significantly better visual acuity (VA) at the time of wet AMD detection when compared to standard care.

Patients with dry AMD are at risk of developing the wet form of the disease, which can progress rapidly, causing substantial and irreversible vision loss. Studies have shown that early detection and subsequent intervention can minimize vision loss and optimize treatment outcomes. Pivotal trials of anti-VEGF therapy for AMD have demonstrated that the best predictor of final visual outcome is VA at the time of treatment initiation, underscoring the role that timely detection plays in minimizing vision loss and maintaining functional vision.

The clinical utility for ForeseeHome was established in the Home Monitoring of The Eye (HOME) Study, part of the National Eye Institute-sponsored AREDS2 study, in which 94% of patients using ForeseeHome twice weekly who progressed to wet AMD, maintained 20/40 or better vision compared to only 62% of patients whose diagnosis was at a routine eye exam or a visit triggered by symptoms. Based upon the robust level-1 evidence and compelling clinical outcomes demonstrating the ability to detect choroidal neovascularization (CNV) earlier, the ForeseeHome AMD Monitoring Program gained Medicare coverage in 2016.

“Notal Vision has established a seamless, cloud-based infrastructure that connects healthcare providers and their patients through personalized, home-based monitoring designed to facilitate earlier ocular disease detection,” said Quinton Oswald, Chief Executive Officer of Notal Vision. “ForeseeHome® uses a patented technology based upon Preferential Hyperacuity Perimetry (PHP) to identify minute changes in the central visual field before the patient notices any visual symptoms, and is the first application of Notal Vision’s cloud-based monitoring platform. Notal Vision is developing a second product that will leverage the platform; home-based optical coherence tomography (OCT) testing. Notal Home OCT testing will generate an alert to the physician indicating the presence of fluid associated with retinal vascular diseases, and allow doctors to view OCT images remotely. We strive to lead the ophthalmic remote patient monitoring category, with the ultimate goal of truly individualizing and optimizing retinal disease management. These innovative monitoring systems move us closer to this goal.”

About the AREDS2 HOME study

The AREDS2 (Age Related Eye Disease Study 2) HOME (HOme Monitoring of the Eye) study, a phase 3, randomized, controlled trial of 1,520 patients, compared VA at the time of CNV diagnosis between at-

risk patients randomized to use the ForeseeHome device plus standard care (self-monitoring and routine clinic visits) and patients utilizing standard care alone. Of the patients who tested with ForeseeHome at least twice a week, 94% maintained 20/40 or better visual acuity, compared with 62% of eyes in the standard care arm (*P*=0.014). In addition, those same patients lost significantly fewer letters when compared with the standard care arm (-3 letters and -9 letters, respectively, *P*=0.003) when the alert was triggered between prescheduled office visits. Wet AMD was 16 times more likely to be detected from a visit triggered by ForeseeHome versus a pre-scheduled visit, and the lesions were ~300% larger at diagnosis when detected during a routine office visit versus a ForeseeHome-triggered visit. The HOME study was halted at the interim analysis because patients using ForeseeHome demonstrated significantly better vision at detection compared to standard care alone.

About Age-Related Macular Degeneration (AMD) and Early Detection

Age-related macular degeneration (AMD) is the leading cause of severe vision loss and blindness in adults over age 50. The early stage of the disease, known as dry AMD, causes damage to the part of the retina called the macula, which is responsible for detailed central vision tasks like reading, driving and facial recognition. Patients with dry AMD may progress to the wet form of AMD, in which blood vessels form and may leak fluid and blood onto the retina. Several studies indicate that early detection of disease progression provides patients with the best chance to initiate therapy and maintain good vision and a better quality of life. Data on the VA of patients with intermediate AMD and their VA at the time of neovascular AMD diagnosis suggest that patients are typically losing an average of 3 to 5 lines of vision and possibly more between the time that intermediate AMD progresses to wet AMD and when the diagnosis is made. There is ample evidence that wet AMD patients with better baseline VA achieve better absolute post-treatment vision outcomes. The best chance of maintaining good vision is with prompt disease detection and immediate treatment.

About Notal Vision™

Notal Vision was founded by two ophthalmologists, and is committed to providing the eye care community with innovative, home-based, technology solutions that support visual health in patients with retinal diseases. The company's ForeseeHome device is the first FDA-cleared home telemonitoring device that detects and characterizes visual distortion in AMD patients as an aid to monitoring choroidal neovascularization progression. To learn more, visit http://www.foreseehome.com/about-notal.html.