



Date

Full name, Credentials

Position(s)

Affiliation(s)/Organization(s)

Dear ,

We look forward to your attendance at Orpyx Medical Technologies Inc. and affiliates' (the "Company's") product training and education program entitled the Orpyx Analytics and Insights Seminar (OASIS), to be held on **March 26-28, 2026** (the "Program"). The purpose of the Program is to provide you with training and education on the Company products, and nothing shall be construed in any manner as an obligation or inducement for you to refer, recommend, order or prescribe for your patients any product manufactured, sold or distributed by the Company.

The Company will reimburse you for reasonable expenses that you incurred to travel to the Program that have been approved in advance and in writing by the Company. You have up to 30 days from the date of the Program's last event to provide the Company with original receipts and other supporting documentation for expenses; otherwise, the Company is not obligated to reimburse such expenses. Approved expenses will be reimbursed within 30 days of the Company's receipt of invoices with supporting receipts. If the Company notifies you that it is cancelling the Program more than two (2) business days or 72 hours prior to the scheduled start of the Program, you will not be reimbursed. You understand that you will be responsible for any incidental travel expenses, outside of the scheduled travel, lodging and transportation planned and arranged by the Company, for the Program.]

You agree that your participation does not conflict with or violate any responsibilities, duties or agreements to which you are bound, including any employment agreement, employer's policies, including ethics, conflicts of interest, vendor and outside consulting policies, formularies or clinical practice guidelines committee's policies, and you have made all required disclosures and obtained all required approvals.

You acknowledge and agree that Company may release information about the Program and the terms hereof, including the compensation (i.e., fees, food, travel and other reimbursed expenses) and other items of value given to you to government authorities under foreign, federal and state laws. You further acknowledge that such information may be made publicly available by such government authorities. Disclosures by the Company under these situations shall be deemed a permitted disclosure, and you shall have no recourse against the Company for such disclosures, except that the Company will correct information if applicable and appropriate.

If the terms of your participation as set forth in this letter are acceptable, please sign where indicated below and return a copy of this letter to osis@orpyx.com. We look forward to your attendance and participation in the upcoming Orpyx Analytics and Scientific Insights Summit (OASIS) program!

Confidential

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Sincerely,

ORPYX MEDICAL TECHNOLOGIES INC.

By: _____
Breanne Everett, MD, MBA
CEO and President

I agree and acknowledge this letter.

Full name, Credentials
Position(s)
Affiliation(s)/Organization(s)

NPI (if applicable):
State License Number (if applicable):