



AI-POWERED, PORTABLE BRAIN MRI

The Swoop® Portable MR Imaging System is
Driving the Future of Brain Health

Corporate Investor Deck – October 2026

Forward-Looking Statements

This presentation includes “forward-looking statements” within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995. Actual results of Hyperfine, Inc. (the “Company”) may differ from its expectations, estimates and projections and consequently, you should not rely on these forward-looking statements as predictions of future events. Words such as “expect,” “estimate,” “project,” “budget,” “forecast,” “anticipate,” “intend,” “plan,” “may,” “will,” “could,” “should,” “believes,” “predicts,” “potential,” “continue,” and similar expressions (or the negative versions of such words or expressions) are intended to identify such forward-looking statements. These forward-looking statements include, without limitation, expectations about the Company’s financial and operating results, including, the Company’s expected revenue, gross margin and cash burn for the full year 2026, the Company’s cash runway, the Company’s goals and commercial plans, including the Company’s commercial rollout of the Company’s Optive AI™ software and Swoop® system, the acceleration of the adoption of the Swoop® system across multiple sites of care in the hospital, office-based, wellness and longevity, and mobile settings, and international markets, the benefits of the Company’s products and services, progress on improvements and advancements in the Company’s products and services, and the Company’s future performance, including its financial performance, and its ability to implement its strategy. These forward-looking statements involve significant risks and uncertainties that could cause the actual results to differ materially from the expected results. Most of these factors are outside of the Company’s control and are difficult to predict. Factors that may cause such differences include, but are not limited to: the success, cost and timing of the Company’s product development and commercialization activities, including the degree that the Swoop® system is accepted and used by healthcare professionals; the Company’s ability to grow and manage growth profitably and retain its key employees; changes in applicable laws or regulations; the ability of the Company to raise financing in the future; the ability of the Company to obtain and maintain regulatory clearance or approval for its products, and any related restrictions and limitations of any cleared or approved product; the ability of the Company to identify, in-license or acquire additional technology; the ability of the Company to maintain its existing or future license, manufacturing, supply and distribution agreements and to obtain adequate supply of its products; existing and potential future National Institutes of Health funding pressures; existing and potential future effects from U.S. export controls and tariffs; the ability of the Company to compete with other companies currently marketing or engaged in the development of products and services that the Company is currently marketing or developing; the size and growth potential of the markets for the Company’s products and services, and its ability to serve those markets, either alone or in partnership with others; the pricing of the Company’s products and services and reimbursement for medical procedures conducted using the Company’s products and services; the Company’s ability to successfully complete and generate positive data from the PRIME study and Contrast PMR study; the Company’s ability to generate clinical evidence of the benefits of the Company’s products and services and to progress on product advancements and improvements; the Company’s estimates regarding expenses, revenue, capital requirements and needs for additional financing; the Company’s ability to meet the conditions for additional tranches under its term loan facility; the Company’s financial performance; and other risks and uncertainties indicated from time to time in the Company’s filings with the Securities and Exchange Commission, including those under “Risk Factors” therein. The Company cautions readers that the foregoing list of factors is not exclusive and that readers should not place undue reliance upon any forward-looking statements which speak only as of the date made. The Company does not undertake or accept any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements to reflect any change in its expectations or any change in events, conditions or circumstances on which any such statement is based.

This presentation includes preliminary financial estimates for the quarter and nine months ended September 30, 2026, which reflect management’s current views and may change as a result of management’s final review of results and other factors, including significant business, economic and competitive risks and uncertainties. Such preliminary financial information is subject to the finalization and closing of the accounting books and records of the Company (which have yet to be performed). In the course of preparing and finalizing these accounting books and records, and in preparing financial statements for the nine months ended September 30, 2026, the preliminary estimates for the quarter and nine months ended September 30, 2026 will be subject to change and the Company may identify items that will require it to make adjustments to the Company’s preliminary estimates described herein. Any such changes could be material. For these or other reasons, the preliminary financial estimates for the quarter and nine months ended September 30, 2026 may not ultimately be indicative of the Company’s results for such period and actual results may differ materially from those described herein. No independent registered public accounting firm has audited, reviewed or compiled, examined or performed any procedures with respect to these preliminary results, nor have they expressed any opinion or any other form of assurance on these preliminary results. These unaudited preliminary financial estimates are presented for informational purposes only and do not purport to represent the Company’s financial condition or results of operations for any future date or period. As a result, caution should be exercised in relying on these estimates and no inferences should be drawn from these estimates regarding financial or operating data not provided.

The Company has presented certain financial information in accordance with U.S. GAAP and on a non-GAAP basis. The non-GAAP financial measure included in this presentation is net cash burn. Management uses this non-GAAP financial measure, in addition to GAAP financial measures, as a measure of operating performance because the non-GAAP financial measure does not include the impact of items that management does not consider indicative of the Company’s core operating performance. Management believes that this non-GAAP financial measure, taken in conjunction with GAAP financial measures, provide useful information for both management and investors by excluding certain financing proceeds that are not indicative of the Company’s core operating results. Management uses non-GAAP measures to compare the Company’s performance relative to forecasts and strategic plans and to benchmark the Company’s performance externally against competitors. Non-GAAP information is not prepared under a comprehensive set of accounting rules and should only be used to supplement an understanding of the Company’s operating results as reported under U.S. GAAP. The Company encourages investors to carefully consider its results under GAAP, as well as its supplemental non-GAAP information and the reconciliation between these presentations, to more fully understand its business. The reconciliation between the most directly comparable GAAP measure, net change in cash and cash equivalents, and historical non-GAAP net cash burn is presented in the accompanying slides. A reconciliation of the Company’s full-year 2026 net cash burn guidance to the most directly comparable GAAP measure is not provided because the Company is unable to predict certain components of such measure, including future financing proceeds, without unreasonable efforts. Future financing proceeds could cause the Company’s actual net change in cash and cash equivalents to differ materially from its net cash burn guidance.

Q3 2026: Inflection in a Strengthening Business

Preliminary Revenue +53%, Preliminary Cash Burn -29% Sequentially

Q3 Preliminary Results¹

~\$6.0M Revenue

Up **~53%** Sequentially

~\$5.6M Cash Burn³

Down **~29%** Sequentially

Revenue > Cash Burn

For the **First Time**

~\$37.9M Cash⁴

Runway Expected into 2028

FY2026 Guidance Reaffirmed²

Expected Revenue:

\$20–22M

Up **~55%** YoY

Expected Cash Burn:

\$26–28M

Down **~10%** YoY

Q3 Earnings

November 9, 2026

Recent Milestones

FDA Clearance &
Launch of AI Software

CE Mark & UKCA:
Model 2

India Approval & First
Site

Contrast PMR Study
Enrolled

Stroke & HEOR
Publications

Record US Scan
Volumes

Strong Outlook

De-risked, Disruptive AI-
powered Technology

3 Growth Vectors

- US Hospitals & IDN
- US Office / Outpatient
- International

R&D to Expand Utility

AI-enabled Platform
Opportunities

1. Q3'26 figures are preliminary and unaudited, subject to quarter-end close; full results expected to be reported November 9, 2026.
2. Changes calculated using the mid-point of the FY2026 guidance range. The Company has not provided a reconciliation of full year 2026 net cash burn guidance to forward-looking net change in cash and cash equivalents, because the amount and timing of future financing proceeds cannot be predicted without unreasonable efforts.
3. Cash burn is calculated as change in cash and cash equivalents less net financing proceeds, including net proceeds from shares issued under the Company's "at-the-market" offering program, the Company's February 2025 registered direct offering, the Company's October 2025 underwritten public offering, and the Company's March 2026 debt financing. Cash and cash equivalents were \$40.8 million as of March 31, 2026 and \$43.5 million as of June 30, 2026, and are preliminarily expected, on an unaudited basis, to be approximately \$37.9 million as of September 30, 2026. Net financing proceeds in the aggregate were \$10.6 million for the quarter ended June 30, 2026 and \$0.0 million for the quarter ended September 30, 2026.
4. All quarterly numbers presented herein are unaudited.
Cash and cash equivalents as of September 30, 2026

Evolution of Brain Imaging

Democratization, Decentralization, and Automation for Better Brain Health



Restricted, Hospital-Centric

Shielded facility

Brain Care
for disease management

Physician/MR Tech Driven

Human Interpretation



THE GATEWAY



**Making Brain MRI
Possible for Everyone**



Universal, Patient/Consumer Centric

Hospital

+ **Office • Concierge • Longevity • Mobile • Community**

Brain Care for disease management

+ **Brain Health & Wellness for prevention & ongoing assessment**

Physician Driven

+ **Patient/Consumer driven • Operator agnostic**

Human Interpretation

+ **AI for scalable, automated assessment & monitoring**

Hyperfine's Miniaturized MRI Technology Could Drive the Future of Imaging

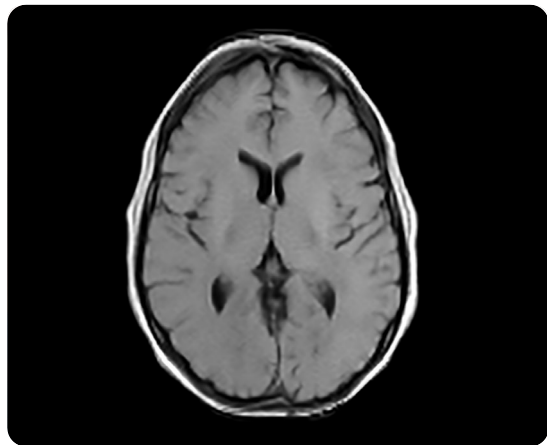
A suite of proprietary imaging technologies and know-how that enable **Miniaturized MRI** for a full range of applications with proven usability & scalability

**More Than a Portable Brain
MRI Company...**



The Swoop System Transforms and Expands the Reach of Brain Imaging

Diagnostic Image Quality
Clinicians Can Act On



Portable, Compact Design Goes
Directly to the Patient



Simplified Set Up and Scanning for
Broad Usability



USING THE SWOOP SYSTEM IMPROVES MRI CAPACITY AND ACCESS WITH MEANINGFUL
CLINICAL AND ECONOMIC BENEFIT FOR PATIENTS, CLINICIANS AND PROVIDERS

MRI is the Clinical Gold Standard, But Capacity and Access Are Limited

The MRI You Know



High-cost and complex site requirements limit access



Need for highly trained personnel constrains capacity



Limited availability leads to delayed diagnosis and care



Inpatient transport increases risk of adverse events

The MRI You Wish For

Significantly less expensive, no shielding or siting required.
Available at any healthcare facility

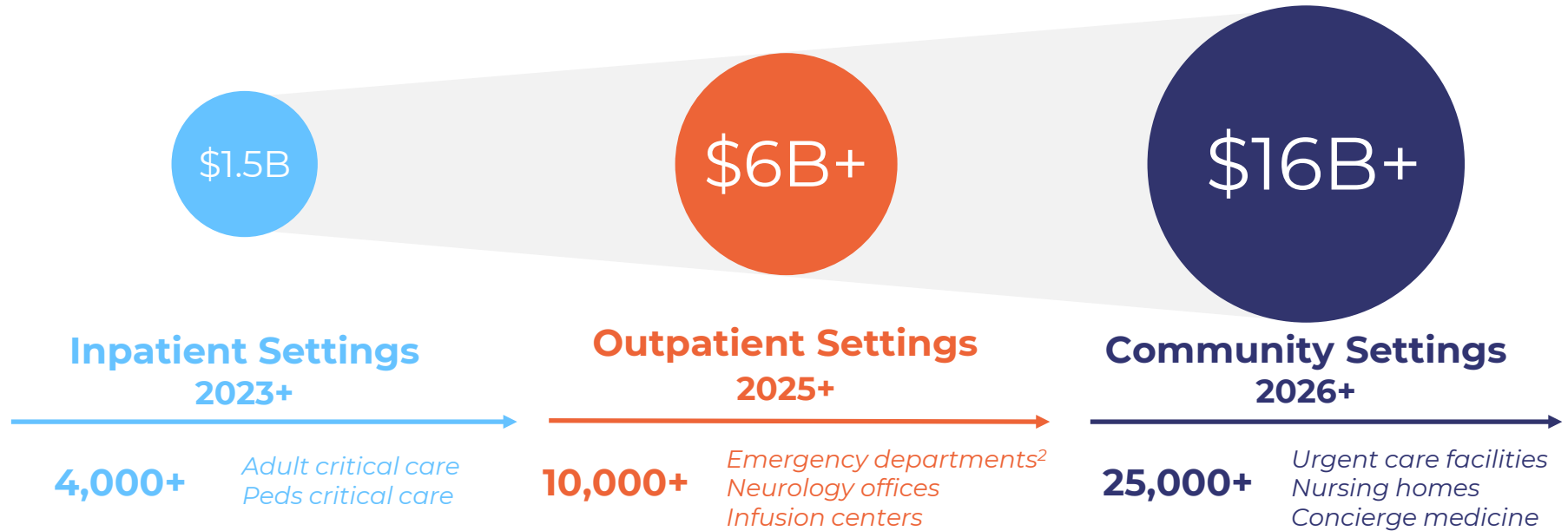
No dedicated personnel to operate.
Easy to learn how to scan

Imaging available to support triage and point of care decision making and safe to scan “anywhere”

No patient transport; significant cost and personnel efficiencies for critical care patients

Large Market Potential Bringing MRI to Multiple Sites of Care

Sizeable and Growing US TAM¹ Through New Sites of Care



Addressing Critical Unmet Needs in Neurological Disease

MRI access remains a critical gap — Swoop system brings point-of-care brain imaging to acute and chronic neurodegenerative conditions

Sources: Published literature and company data on file.

Stroke

12.2M

new strokes globally / year

1.9M

neurons lost every minute untreated

1 in 4

adults will have a stroke in lifetime

CARE CONTINUUM

Emergency Triage

Bedside Diagnosis

ICU Monitoring

Inpatient Follow-up

- Bedside MRI reduces imaging turnaround by ~18 hours, delivering stroke imaging without the conventional high-field MRI wait.
- DWI-FLAIR mismatch provides a bedside “tissue clock,” helping identify treatable wake-up and unknown-onset stroke patients.
- Published SVIN 2026 data showed 100% sensitivity and 100% specificity for lesions >1.0 mL.
- Real-world deployment saved ~\$324K in 33 weeks, supporting scalable stroke programs across health systems.

Dementia

55M+

people living with dementia globally

139M

projected cases by 2050

2 in 3

people with dementia remain undiagnosed

CARE CONTINUUM

Community Screening

Disease Monitoring

DMT / ARIA Monitoring

Initial Diagnosis

- Closing the diagnosis gap: 2 in 3 people with dementia go undiagnosed — Swoop system can bring MRI to the clinic.
- One-stop clinic model: MRI + cognitive testing + biomarkers in a single nurse-led visit — being validated at Univ. of Kansas ADRC.
- Epidemiological studies on cognitive function, enabling large-scale research in aging, cognitive decline, and dementia.
- Supports the Alzheimer's treatment era: 100% sensitivity for ARIA-E detection in patients receiving anti-amyloid therapy.

Solid Fundamentals: Accelerating Growth

Development, Clinical & Early Commercial FOUNDATION

• First Mover Advantage

- ~200 Issued Patents
- First FDA-cleared AI-powered portable brain MRI system
- Over 225 Installed base globally and 250,000 images

• Compelling Business Model

- Broad FDA-clearance for brain imaging in patients of all ages
- Reimbursement in place in the U.S. under existing CPT codes in both hospital and office settings
- Demonstrated strong value proposition & validated health economics in multiple sites of care

• Agile Innovation

- Prolific engine of fast market-driven innovation
- ~2 AI-powered software releases per year

• Evidence to Support Broad Clinical Utility

- Clinical evidence across key clinical sites & use cases
- Over 180 peer-reviewed publications and editorials & 280 scientific presentations

Compelling STRATEGY



Transformative TECHNOLOGY

*Model 2 Swoop System
Powered by Optive AI
June 2025*



Commercial EXPANSION

• Model 2 Swoop System Launch

- Outstanding market feedback on Optive AI image quality
- Placements in all targeted sites of care since launch
- Significant increases in utilization

• Commercial Expansion

- Hospital: Expand to multiple new sites of care, multiple unit placements, and health systems / IDN strategy
- Office: Launch into new business vertical
- International: Model 2 Swoop system and latest Optive AI Software Launched in UK and Europe in mid-2026

• Scalable

- Established global contract manufacturing partner
- Connected ecosystem; cloud infrastructure & certifications

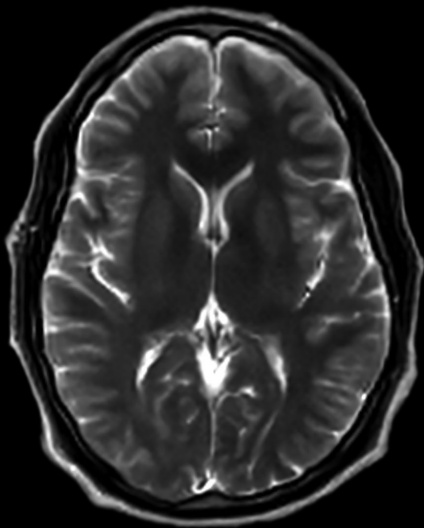
• Strong Financials

- Diversified revenue growth, attractive & expanding gross margins, spending discipline & strong operating leverage
- Strengthened balance sheet, capital to fund commercial growth

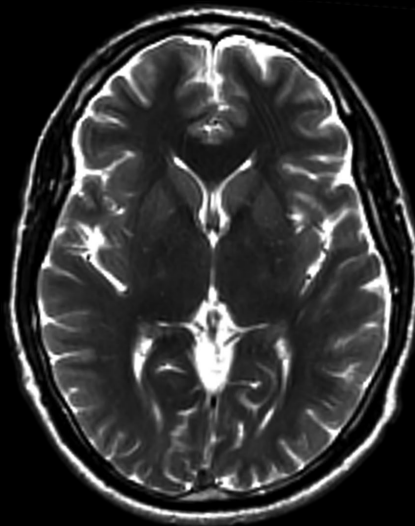
• Future Expansion Opportunities

- Platform technology with opportunities in AI, new anatomies, intervention support and other capabilities

How Close Are We to Conventional MRI?



0.064T Swoop System
Powered by *Optive AI Software**



1.5 T
Conventional MRI†

Image Quality of Next-Gen Swoop System to Drive Broad Adoption

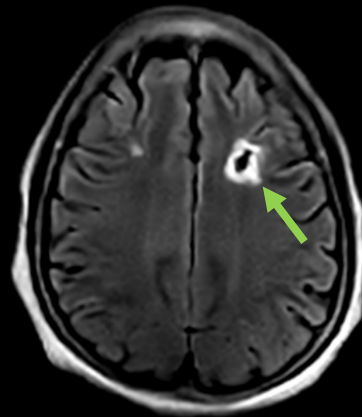
Image Quality Approaching Conventional MRI

Case Study of Swoop System vs. High-Field 3T

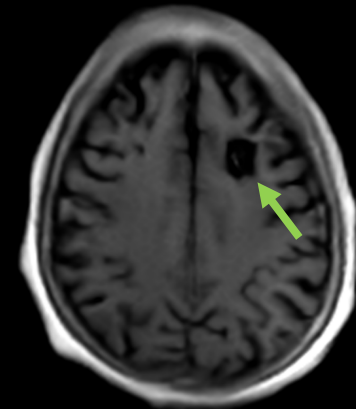
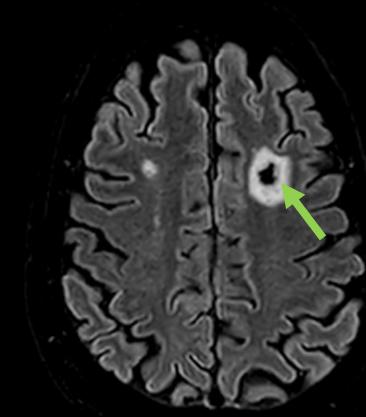
63-year-old female with history of prior infarct presenting with new-onset headache. Physicians performed office-based imaging with the Swoop system, demonstrating chronic infarct without evidence of acute ischemia.

➤ Old Infarct

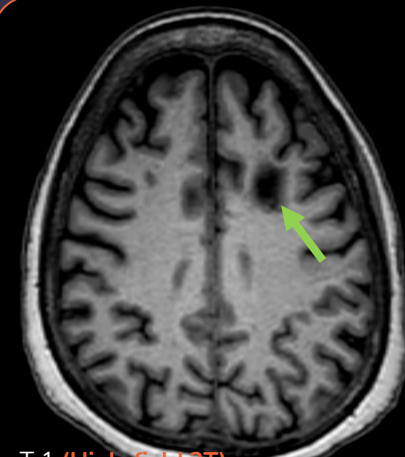
FLAIR (Swoop System)



FLAIR (High-field 3T)



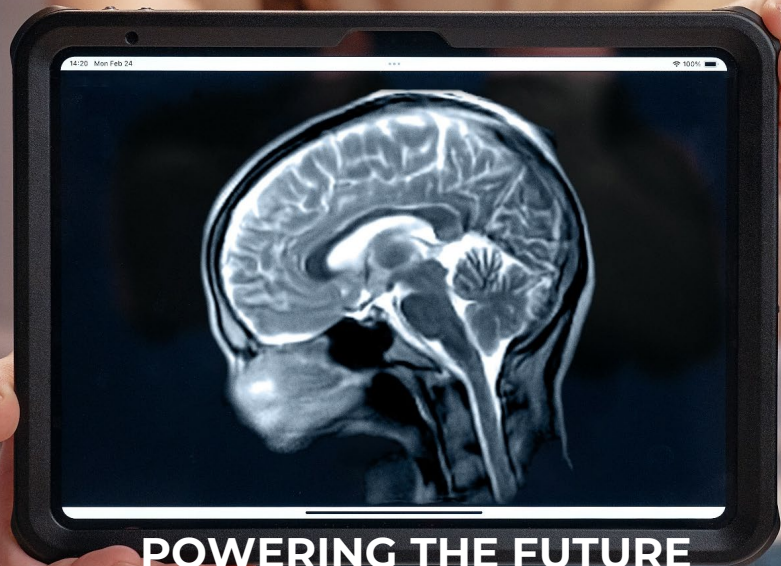
T1 (Gray/White) (Swoop System)



T1 (High-field 3T)

Sources: Images from NEURO-PMR study (Case 040)

OPTIVE-AI™

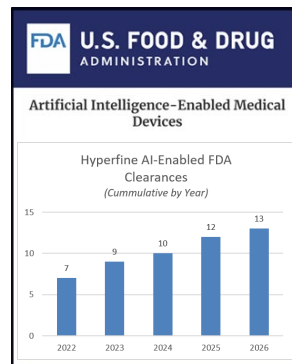


**POWERING THE FUTURE
OF PORTABLE MRI**

Available on all Swoop systems

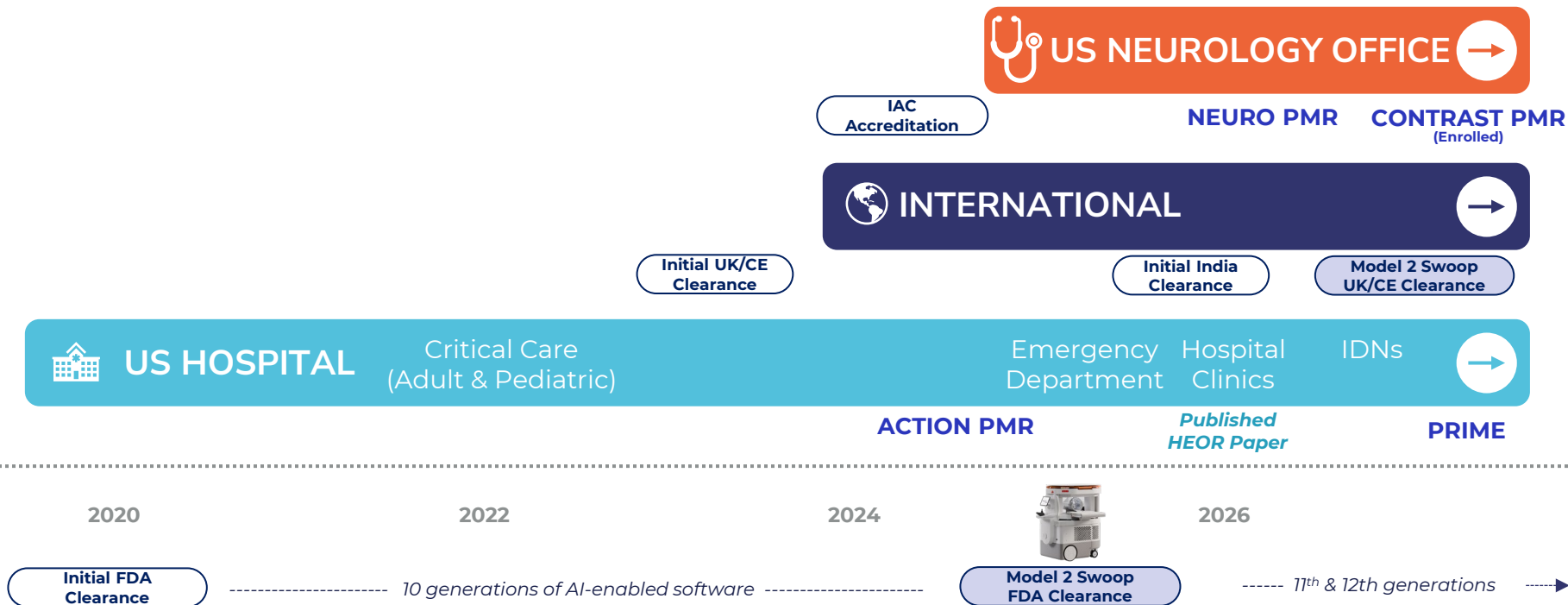
AI-Enabled Imaging Software

- ✓ Advanced, AI-driven image reconstruction to ultra-low field MRI—unlocking clearer images at lower field strengths
- ✓ Reduces noise and blur with deep learning, enhances image clarity and consistency, provides sharper anatomical detail to support confident diagnoses at the point of care
- ✓ 12 Generations of AI-enabled software
- ✓ A leader in FDA cleared AI-enabled devices



Source: U.S. FDA Artificial
Intelligence-Enabled Medical
Devices List (June 30, 2026)

Robust Commercial Growth Strategy Driven By 3 Diversified Business Verticals



Hospital Business

- **Compelling clinical utility** in critical care, emergency triage, neurosurgery and neuro follow up in adults & peds
- **Strong economic value** proposition
 - Swoop system scans qualify for existing reimbursement (CPT 70551)
 - Opportunity to increase revenue, cost savings and optimized care
 - Published peer reviewed health economic paper Q4'25
 - 1-1.5-year breakeven versus 3-4 years for typical capital equipment
- Potential for **multiple systems within same hospital**
 - ICUs, Emergency departments & Hospital-based clinics
- **Sales Cycle can be quicker** in same Health Systems / IDN
 - ~60-70% of US hospitals part of Health Systems / IDNs
- **Strong market activation** from launch of Model 2 Swoop system powered by Optive AI software
 - Outstanding radiology feedback on image quality
 - Strong inbound interest Including new use cases (e.g. neurosurgery)
 - Robust pipeline of multiple unit deals & health system discussions
 - Realizing higher ASP supported by Model 2 system



Office Business

- A typical neurologist orders **500–600 MRIs annually**^{1,2} for neurologic conditions such as headaches, dementia, tumor, MS, surgery follow-up
- **90% of private neurology practices** don't have on-site MR imaging³
- **Affordable and appealing, plug-and-play Swoop system**
 - No specialized siting, no helium or electrical infrastructure, & no MRI technologist required⁴
- **Strong economic value** proposition validated with data
 - Opportunity to add incremental revenue stream & improve patient experience
 - Swoop system scans qualify for existing reimbursement (CPT 70551)
 - IAC Accreditation enables medical offices to qualify for CMS reimbursement
- Office has **shorter sales cycle** and fewer decision-makers than hospital business
- Strong first-year traction in the **new neurology office segment**
 - 3,000+ in-office brain MRI scans in year one, across general neurology, headache, memory, pediatric, concierge and longevity practices
 - NEURO PMR published (*Journal of Neuroimaging*): 92% concordance with high-field MRI and 4-to-1 patient preference
 - Engagement growing via the NeuroNet partnership and proactive brain health applications

1. <https://practicalneurology.com/diseases-diagnoses/imaging-testing/viewpoints-why-neuroimaging-plays-a-critical-role-in-shaping-the-future-of-neurology/30403/>

2. Source: Mindfrog market research (data on file)

3. *The practice of neuroimaging within a neurology office setting*, 2013 American Academy of Neurology

4. IAC Standards and Guidelines for MRI Accreditation. State regulations vary.

International Business

- Compelling **clinical utility transferable globally**
- Selling primarily into the **hospital setting**, demonstrated value proposition in **remote settings**
- **Optive AI software launched** in 10 European languages in Q1'26
- **CE Mark and UKCA Mark approvals for both the Model 2 Swoop system and latest Optive AI software supporting key European market launches mid-2026**
- Model 2 Swoop system referenced in **France's largest public hospital procurement body¹** to facilitate nationwide purchases of portable MRI technology
- **India CDSCO approval in December 2025 for Model 1 Swoop system**
- Network of **reference sites and key opinion leaders globally through Gates Foundation partnership**



1. <https://www.uniha.org/qui-sommes-nous/uniha-union-hopitaux-achats>

Scalable Commercialization with US Direct Sales and Global Distribution Network

INSTALLED BASE
Over 225 Swoop Systems Globally¹

DIRECT



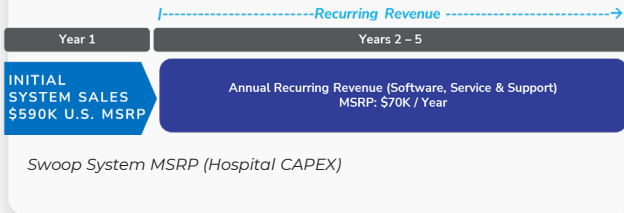
Dedicated Selling & Implementation Teams
(~15 FTE in Total)

DISTRIBUTORS



10+ Markets
(2 FTE in Total)

Healthy US Pricing & Recurring Revenue



★ Swoop System
Manufactured in U.S.
by Global Contract
Manufacturer Partner

Innovation: Product and Clinical Evidence

AI-powered software releases, targeted labeling expansion and new use cases to broaden clinical utility



Product Innovation

- **Model 2 Swoop system:** powered by Optive AI software, launched mid-2025, delivers a substantial improvement in image quality
- **Advanced multi-direction DWI sequence:** FDA cleared December 2025, improves image quality and diagnostic confidence for stroke detection at the point of care
- **Latest Optive AI software, FDA cleared August 2026:** debuts the isotropic T1 sequence for 3D visualization, improved noise correction across all sequences, and a guided scanning workflow, with US rollout beginning September 2026
- **Recurring innovation cadence:** ~2 AI-powered software releases per year, building a foundation for neurosurgery contrast imaging and quantitative MRI
- **Pilot activities for planned new use cases in 2H 2026:** Neurosurgery and Mobile use



Clinical Evidence & Expansion

- **NEURO PMR published:** Portable MRI showed 92% concordance with high-field MRI (98% with clinical information); patients preferred it 4-to-1. Journal of Neuroimaging, Aug 2026
- **Published stroke study (SVIN):** Next-generation DWI detected lesions as small as 2.8 mm, with 100% sensitivity and specificity for lesions over 1 mL
- **Recent peer-reviewed publications (July 2026):** Journal of Neurosurgery case series documents on-site imaging immediately after endovascular neurosurgery to enable same-day discharge, while a Stroke focused series establishes low-field MRI's value across the stroke continuum
- **Contrast PMR study¹:** enrollment complete, assessing gadolinium-enhanced imaging, reimbursed under dedicated outpatient CPT codes, with FDA submission targeted by end-2026 to expand intended use

Execution Drives Growth and Financial Discipline

Record Quarterly Preliminary Revenue, with Revenue > Cash Burn for the First Time

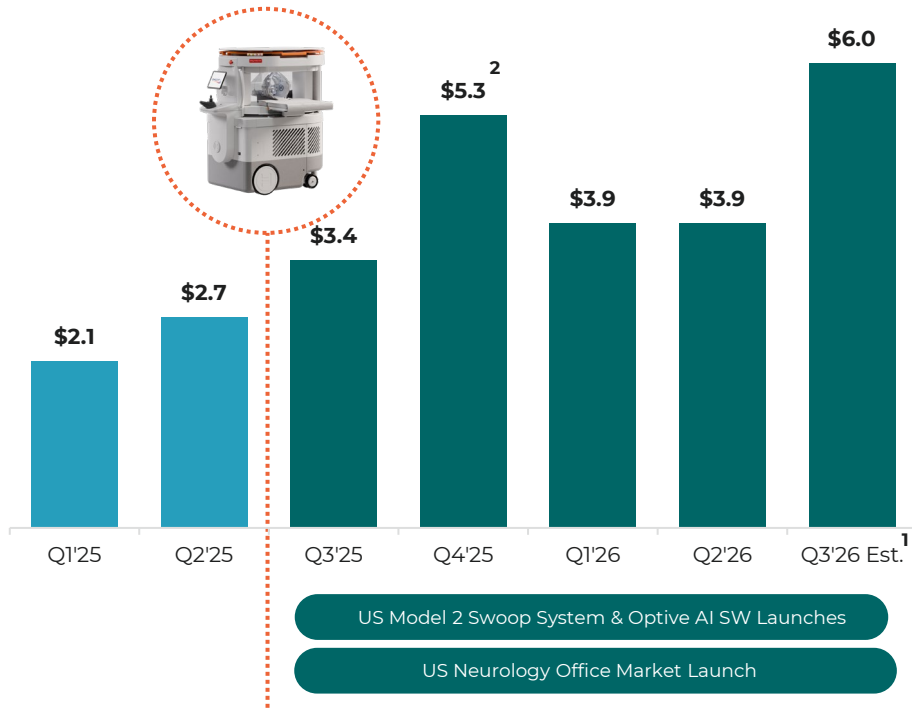
THREE MONTHS ENDED	Q3 2026 Estimate ¹	Q2 2026	% Change
Revenue	\$6.0M	\$3.9M	53% ↑
Net Cash Burn ²	\$(5.6)M	\$(7.9)M	29% ↓

NINE MONTHS ENDED (September 30)	2026 Estimate ¹	2025	% Change
Revenue	\$13.8M	\$8.3M	66% ↑
Net Cash Burn ²	\$(22.2)M	\$(24.2)M	8% ↓

1. Preliminary, Unaudited Financial Results for the Quarter and Nine Months Ended September 30, 2026. The unaudited, preliminary revenue and cash burn results presented above for these periods are based on current expectations and may be adjusted as a result of, among other things, completion of quarterly procedures. This financial information does not represent a comprehensive statement of the Company's financial results for these periods and remains subject to the completion of financial closing procedures and internal reviews.
2. Cash burn is calculated as change in cash and cash equivalents less net financing proceeds, including net proceeds from shares issued under the Company's "at-the-market" offering program, the Company's February 2025 registered direct offering, the Company's October 2025 underwritten public offering, and the Company's March 2026 debt financing. Cash and cash equivalents were \$40.8 million as of March 31, 2026 and \$43.5 million as of June 30, 2026 and are preliminarily expected, on an unaudited basis, to be approximately \$37.9 million as of September 30, 2026; net financing proceeds in the aggregate were \$10.6 million for the quarter ended June 30, 2026 and \$0.0 million for the quarter ended September 30, 2026. Cash and cash equivalents were \$37.6 million as of December 31, 2024, \$21.6 million as of September 30, 2025, and \$35.1 million as of December 31, 2025, and preliminary, unaudited are expected to be approximately \$37.9 million as of September 30, 2026; net financing proceeds in the aggregate were \$8.1 million for the nine months ended September 30, 2025, and preliminary, unaudited are expected to be approximately \$25.0 million for the nine months ended September 30, 2026. All quarterly numbers presented herein are unaudited. Amounts may not reconcile due to rounding.

Multiple Catalysts Driving a Durable Revenue Trajectory

Model 2 Swoop system powered by Optive AI software



Drivers & Catalysts

Ongoing

- US rollout of Model 2 Swoop system & latest Optive AI software
- Growing adoption in ED, hospital clinics, and critical care environments
- New and follow-on orders; health system & IDN-level momentum
- Office-based, wellness and longevity, and mobile settings
- CE Mark and UKCA launch for Model 2 Swoop system; India market entry

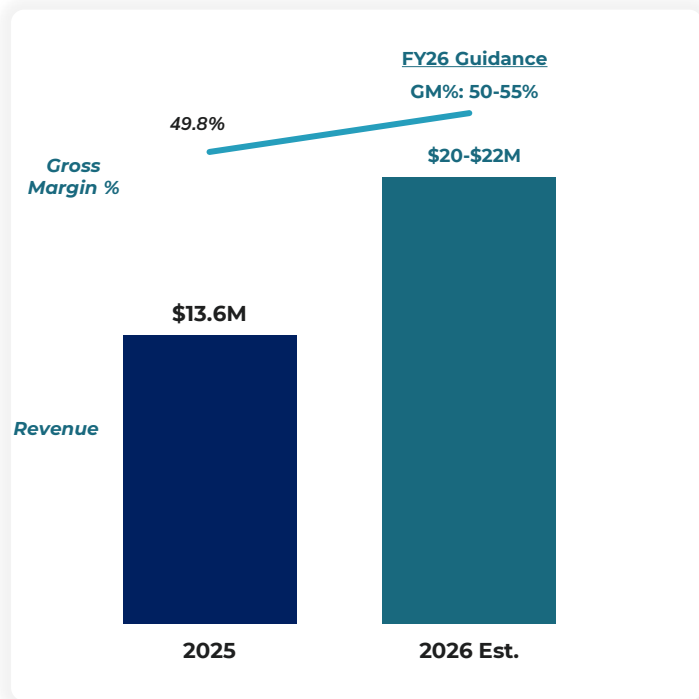
Anticipated Contrast Indication Expansion

- Contrast imaging indication would expand clinical indication and utility of the Swoop system
- Outpatient brain MRI scans would be eligible for dedicated CPT codes

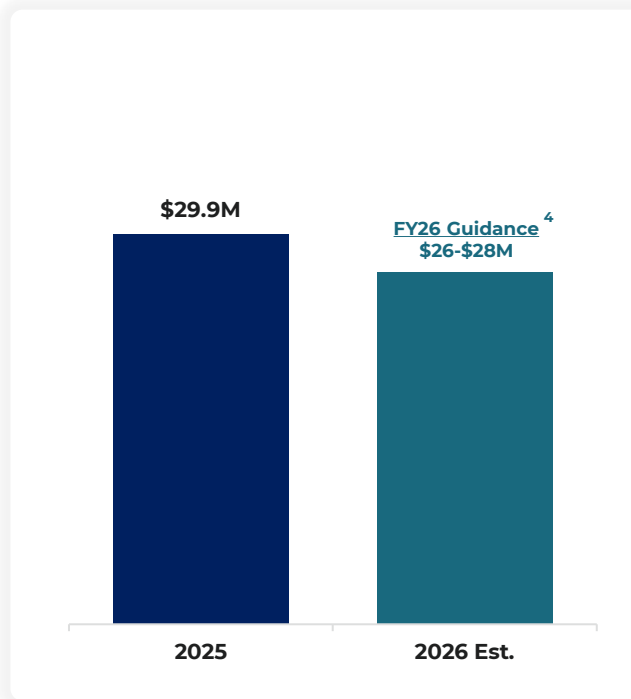
Solid Financial Fundamentals¹

Strong Revenue Growth and Realizing Operating Leverage

REVENUE AND GROSS MARGIN



CASH BURN²



Key Takeaways

- Transitioned to Commercial Stage Organization in 2025
- Model 2 Swoop System Launched Mid'25 in U.S.
- Office Market Launched Mid'25 in U.S.
- New Technology, US Site of Care Expansion and International Drive Revenue Growth
- Volume, Pricing and Efficient Mfg. & Operations Drive GM% Expansion
- Lean Organization Focused on Commercial Execution Drives Cash Burn Reductions as Revenue Scales
- Raised Over \$30M in Net Equity Proceeds Since Beginning of Q4'25
- Secured a Term Loan Facility of up to \$40M³, with a \$15M Initial Tranche in Q1'26
- \$37.9M¹ of Cash and Cash Equivalents as of September 30, 2026, with Expected Cash Runway into 2028

¹ Preliminary, Unaudited Financial Results of Q3 2026. The unaudited, preliminary Q3 2026 financial results are based on current expectations and may be adjusted as a result of, among other things, completion of quarterly procedures. This financial information does not represent a comprehensive statement of the Company's financial results for Q3 2026 and remains subject to the completion of financial closing procedures and internal review.

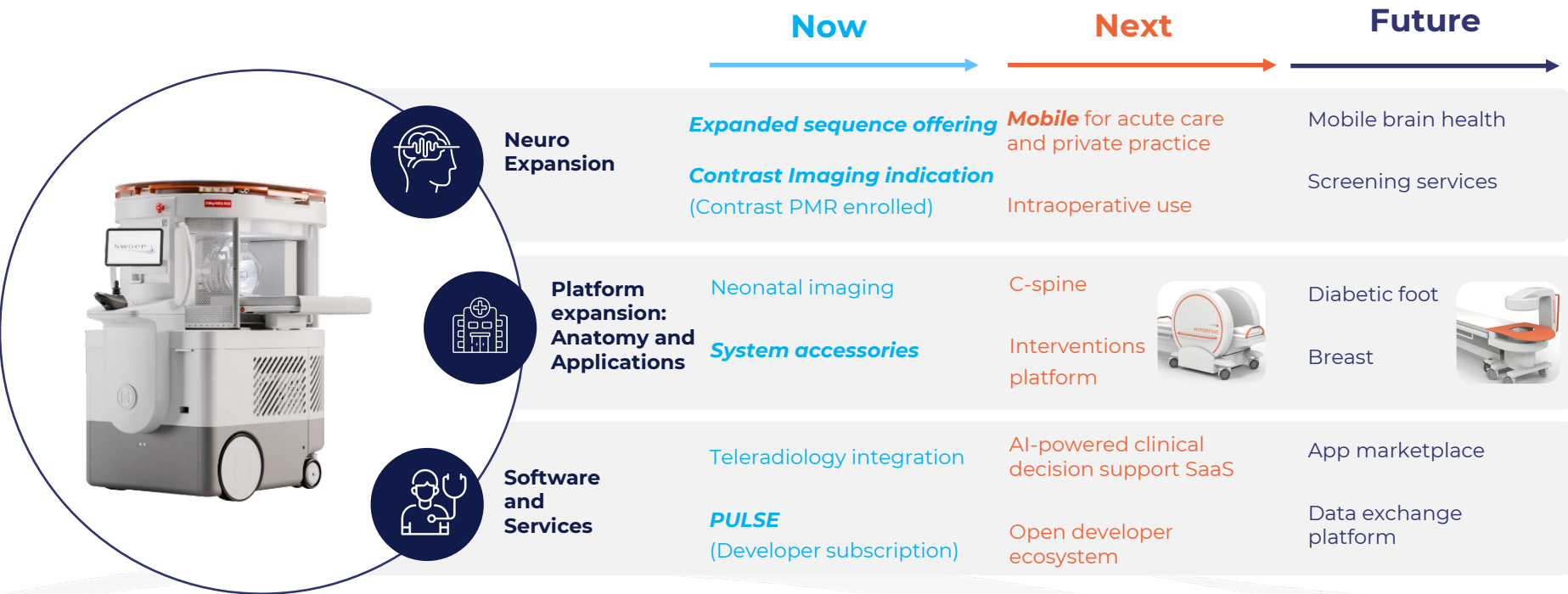
² Cash burn is calculated as change in cash and cash equivalents less net financing proceeds, including net proceeds from shares issued under the Company's "at-the-market" offering program, the Company's February 2025 registered direct offering, the Company's October 2025 underwritten public offering, and the Company's March 2026 debt financing. Cash and cash equivalents were \$37.6 million as of December 31, 2024 and \$35.1 million as of December 31, 2025, and preliminary, unaudited are expected to be approximately \$37.9 million as of September 30, 2026; net financing proceeds preliminary, unaudited are expected to be approximately \$25.0 million for the nine months ended September 30, 2026. Net financing proceeds in the aggregate were \$27.3 million for the year ended December 31, 2025. All quarterly numbers presented herein are unaudited. Amounts may not reconcile due to rounding.

³ \$40 million senior secured term loan facility, with initial tranche of \$15 million at closing and an additional \$25 million available upon achievement of certain commercial milestones through December 2027.

⁴ The Company has not provided a reconciliation of full year 2026 net cash burn guidance to forward-looking net change in cash and cash equivalents, because the amount and timing of future financing proceeds cannot be predicted without unreasonable efforts.

Platform Technology Expansion Opportunities

Hyperfine CORE Technology is Well Positioned to Deliver in Multiple Markets with Additional Growth and Value-added Services¹



Leadership Team With Proven Track Record of Success



Maria Sainz
President and Chief Executive Officer



Brett Hale
Chief Administrative Officer and Chief Financial Officer



Tom Teisseyre, PhD
Chief Operating Officer



Rob Fasciano, PhD
Chief Regulatory and Quality Officer



Eric Willis
Vice President of International



Rafael Donnay
Senior Vice President of Hospital Business



Chi Nguyen
Senior Vice President of Office and Community Business



Todd Finch
Vice President of US Sales



Edmond Knopp, MD
Chief Medical Officer



Rafael O'Halloran, PhD
Vice President of Technology



Leslie Grab
General Counsel



Hyperfine, Inc. Opportunity

Large TAM

- \$16B+ US device market potential across inpatient, outpatient and community settings
- Global opportunity

Strong Proprietary First-Mover Position

- Portable MR category leader
- First FDA-clearance
- ~200 issued patents
- ~250,000 ULF images
- Over 225 Installed base globally

Broad Indications and Applicability

- Brain imaging of patients of all ages
- Safe in multiple sites of care
- Used in large neuro disease populations

Prolific Innovation Engine

- Image quality approaching conventional MRI
- ~2 AI-powered software releases per year

Vast Clinical and Economic Evidence

- 180+ Peer Reviewed Clinical & HEOR publications & editorials
- Continued pipeline of evidence including NEURO PMR and Contrast PMR

Reimbursement in Place

- Existing Outpatient CPT codes in both hospital and office settings
- IAC accreditation

Diversified Revenue

- Multiple growth catalysts across hospital, office and international verticals
- IDN and multi-unit hospital placements
- Recurring revenue stream

Strong Financial Profile

- Rapid topline growth
- 50%+ Gross Margin and growing with scale
- Operating leverage, capital efficient and cash runway expected into 2028

Attractive Platform Expansion Opportunities

- Expansion into contrast imaging, additional sites of care, new anatomies, and clinical decision support

HYPERFINE[®]