Venice-Ocala Heart Institute

CARDIOVASCULAR THORACIC & VASCULAR SURGERY

Jonathan C. Fong, M.D.
Mateo B. Dayo III, M.D.
Michael J. Carmichael, M.D.
R. Craig Kuykendall, M.D.
John A. Galat, M.D.
David E. Lammermeier, M.D.
R. Duane Cook, M.D.
Robert J. Richardson, M.D.
Richard S. Eubanks, Jr., M.D.
Wistar Moore III, M.D.
F. Michael Crouch, M.D.
Peter Y. Kim, M.D.
David K. Evans, M.D.
David J. Dodd, M.D.
Samantha E. Kwon, M.D.

CARDIOVASCULAR
ANESTHESIOLOGY
Stephen Schurlknight, M.D.
Vincent C. Palmire, Jr., M.D.
Paul G. Robertie, M.D.
Lawrence R. Harrison, M.D.
Daniel B. Sullivan, D.O.
Mikhail Deputat, M.D.
S. Michael Mikowski, D.O.
Robert R. Casella, M.D.
Christopher A. Reed, D.O.
Antonio N. Fernandez, M.D.
Abdel H. Elhoushy, M.D.

MAILING/BILLING ADDRESS:

P.O. Box 3130 Ocala, FL 34478-3130 352-369-0286

OFFICE LOCATION:

706 The Rialto Venice, FL 34285-3524 941-484-8004 Dr. Edward Lin, CEO Ingenious Technologies Corp. 1109 Millpond Ct. Osprey, Fl 34299-8863 USA

Dear Dr. Lin,

I would like to congratulate you on seeing a need and filling the void with your innovative O2ACE-Sys wound treatment system. Innovative may be an understatement as the device is truly revolutionary as it seeks to advance wound care beyond simple negative pressure wound therapy (NPWT). Instead, the O2ACE-Sys not only provides localized NPWT but also allows a myriad of therapies to be delivered in an easy and efficacious fashion.

As a cardiovascular and thoracic surgeon, I have had over 13 years of dealing with complex sternal wound infections as well as chronic wounds associated with peripheral vascular disease. Dealing with diabetic wounds in an ischemic limb is any surgeon's or wound care specialist's greatest challenge. The O2ACE-Sys provides the first hope that multimodality care may be delivered directly to the wound: in essence, bringing disparate and traditionally separated therapies to the wound instead of forcing the patient (i.e. the wound) to come to the therapy.

Patients may receive treatment in the comfort of their homes with less oversight from visiting nurses as the O2ACE-Sys requires less apparatus changes, and with its clear view portal, less dressings as the device itself proves to be a protective environment which would likely shorten healing time. Previously, patients would have to travel to receive supervised IV antibiotic infusions, hyperbaric oxygen therapy, or skin grafting. Now the O2ACE-Sys provides the platform for the fusion of these treatments (and perhaps others yet to be discovered) to be applied directly into the wound environment.

The savings to the health care system cannot be over emphasized. The benefit to patients and their families who are required to transport their loved ones to receive wound care outside the home also cannot be appreciated fully until one becomes the transported or the transporter.

I look forward to working with you to bring the O2ACE-Sys to the wound care population so they can return to full and better health.

Sincerely yours and with best regards,

Jonathan C. Fong, M.D.

Chief of Cardiovascular Surgery, Venice Regional Medical Center

