Real-Time Outpatient Cardiac Telemetry is evolving on the forefront of all ambulatory cardiac monitoring technologies. ROCT represents one of the most useful diagnostic tools available in Cardiology moving far ahead of other cardiac monitoring modalities. For the busy Cardiology or Internal Medicine specialist, there are solutions available to significantly increase your return over your current ECG monitoring programs with the DMS ROCT Support System. The 24/7/365 coverage, analysis, and report generation is provided for your facility by DMS ROCT, which allows your global reimbursement of both of the below procedure codes. DMS ROCT rental program provides all the system software, mobile monitors, equipment, and service support for your facility.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>93229</td>
<td>Physician Prescribed ROCT Monitoring</td>
<td>$721 - $1,096</td>
</tr>
<tr>
<td>93228</td>
<td>Physician Review &amp; Interpretation of ROCT Report</td>
<td>$27 - $30</td>
</tr>
</tbody>
</table>

Why Outsource Cardiac Outpatient Telemetry and only receive less than $35 per test?
DMS ROCT Rental Service program will generate 5 to 8 times more income return than your current Holter or Event monitoring can per patient.

Start Generating Significant Yearly Revenues

Innovative New DMS Technology allows 6-Lead ECG from only 3 Electrodes for greater data yield producing increased abnormal episode detections

Your current Cardiac Telemetry Provider claims to be monitoring & transmitting 100% of the ECG data? Challenge them to produce the Full Disclosure print out of each and every beat for each day to verify you have captured all abnormal ECG. They can not. We can, and do, provide absolute 3-30 Day 100% Full Disclosure to you for each and every beat so you can verify and insure that you have captured the abnormal episodes.

“30-Day NO RISK Trial”

- Meets current “CMS National Coverage Policy” (who else does?)
- Verifiable AF Burden with real Full Disclosure print of A-Fib episodes.
- Sustained V-Tach with heart rates in excess of 250 bpm.
- Delta ST Analysis with T-Wave Alternans of each individual ECG Lead.
- 3-Electrode patch = 6-Lead ECG for 1 to 30 days of ROCT monitoring.
- QTc, Pacemaker, SAECG, and Baroflex Sensitivity analysis.
- Holter and Cardiac Event Monitoring also available with ROCT System Program

Call Today for System Demo
714-953-2653
info@holterdms.com
www.holterdms.com

Call Today to Schedule an eye Opening Presentation at Your Facility
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www.holterdms.com
Major DMS Breakthrough

6-Lead ECG from only 3-Electrodes

- Major breakthrough in long term ECG recordings. The 79a Cardiac Monitoring Software is a major step forward.
- The below shows the simplicity of 3-electrodes providing ECG vectors of six (6) valuable looks of the electrical activity of the patient’s heart. Use the 300-2, 300-2W, 300-3, and 300-4 recorders with the 3-electrode ECG cables.
- Now, all 1, 2, and 3 channel Holter ECG recorders are obsolete.
- 1 and 2 Lead Patch type Holter ECG recorders are now obsolete.

3-Electrodes = 6-Lead ECG

A = Red Electrode
B = Yellow Electrode
C = Green Electrode

ECG Vectors for 6-Lead ECG
Single – Small – Outpatient Telemetry – ECG Device
3-Electrode Patch = 6-Lead ECG
With 100% Full Disclosure ECG for 1 to 30 Days

Only Ambulatory ECG Device meeting ACC/AHA/ESC Guidelines

<table>
<thead>
<tr>
<th>A-Fib</th>
<th>Delta ST</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-Fib Burden %</td>
<td>T-Wave Alternans</td>
</tr>
<tr>
<td>Sustained V-Tach &gt; 250 bpm</td>
<td>Elongated QTc</td>
</tr>
<tr>
<td>Asystole</td>
<td>Pacemaker Failure</td>
</tr>
<tr>
<td>V-Tach &gt; 5 Beats</td>
<td>Complete Block</td>
</tr>
<tr>
<td>SV-Tach &gt; 5 Beats</td>
<td>Heart Rate Variability</td>
</tr>
<tr>
<td>Signal Averaged ECG</td>
<td>Autonomic Nervous System</td>
</tr>
</tbody>
</table>
The 6-Lead ECG is a significant diagnostic advantage. 1-Lead & 2-Lead ECGs were obsolete in Holter by 1970. Far too many 1 and 2 Lead ECG recordings had no indication of a P-Wave when a P-wave was actually present. This resulted in too much confusion and mis-diagnosis as to whether or not the ECG event was atrial or ventricular in origin. The argument that 1 and 2 Lead ECG is acceptable for A-Fib is a weak argument. If the patient has A-Fib, then that heart is probably wearing-out, and when that patient experiences events such as Ischemia, T-Wave Alternans, SAECG Late Potentials, etc..... why use an ECG monitor that will fail to reveal such significant transient ECG abnormalities. With DMS ROCT monitoring program you will also receive a Holter based report for each and every day with 100% Full Disclosure of each and every beat.

The following is an example of a patient wearing only 3-electrodes and showing a 6-Lead ECG with Ischemia and T-Wave Alternans.

**ST & QTc Analysis**

All 4 below ECG events occurred within 30-minutes

ST Depression at 3:59 AM  
ST Elevation at 4:01 AM  
QTc of 488 ms at 4:19 AM

**ST Depression with T-Wave Alternans**

All 3-Lead Holter ECG recorders are now obsolete. 6-Lead ECG equals much better diagnosis. Holter 6-Lead ECG = Diagnostic Breakthrough.
### Largest World-Wide Supplier of Holter ECG Systems Has Obsoleted Its Own Holter ECG Technology

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Hour Holter ECG</td>
<td>Superior analysis and detection of abnormal ECG during a 24-h time period. However, 24-h time period misses the majority of significant ECG abnormalities.</td>
</tr>
<tr>
<td>10-Day Holter ECG</td>
<td>Probably the optimum for detection of transient Arrhythmias and Ischemia episodes; however, the patient skin irritation from sticky tape and electrode gel is not tolerated by the majority of patients.</td>
</tr>
<tr>
<td>14-Day Adhesive Patch</td>
<td>Single ECG Lead is OK for Atrial Fib, but confusion as to P-Waves, Ischemia detection, many arrhythmias, and incredible patient skin irritation provides little confidence in this low technology approach.</td>
</tr>
<tr>
<td>Intermittent Event ECG</td>
<td>Average monitoring period is 12 days, and detection of transient ECG abnormalities is comparable to 24-h Holter ECG. However, both Event and 24-h Holter ECG miss the majority of transient ECG abnormalities.</td>
</tr>
<tr>
<td>Outpatient Telemetry</td>
<td>The daily sending of ECG data is a good concept; however these devices have been exposed as glorified Intermittent Event type devices, and the CPT codes are not friendly to the ordering physicians.</td>
</tr>
</tbody>
</table>

### DMS ROCT (Real-time Outpatient Cardiac Telemetry)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 40 Day Continuous ECG</td>
<td>Small, single device does it all</td>
</tr>
<tr>
<td>Full Disclosure ECG by its inventor</td>
<td>Best for A-Fib and AF Burden</td>
</tr>
<tr>
<td>100% Telemetry ECG display, NOW</td>
<td>Six (6) Lead ECG</td>
</tr>
<tr>
<td>48-patients displayed on single PC</td>
<td>Sustained V-Tach &gt; 250 bpm</td>
</tr>
<tr>
<td>Holter analysis/report for each day</td>
<td>6-Lead ST Analysis</td>
</tr>
<tr>
<td>No electrode gel nor sticky tape</td>
<td>QTc and HRV Analysis</td>
</tr>
<tr>
<td>Take a shower at any time</td>
<td>T-Wave Alternans &amp; ANS</td>
</tr>
</tbody>
</table>
Anywhere ECG System
100% ECG Telemetry 24/7

Patient
• Can be Anywhere
• In the car
• At home
• At work
• In the park
• At the restaurant
• In the cinema

Cardiologist
• Can review the ECG from Anywhere
• In the hospital
• In the office
• From the home
• From the golf course (smartphone)
A Small Single Device
Includes the following:
- Built-in Phone
- 6-Lead ECG
- 40-Day ECG Memory
- 3-Electrode Patch
- Continuous ECG transfer
- Patient does nothing

48-Patients Simultaneously Send the ECG to a Single PC at the Hospital or the Cardiology Private Practice

- Each minute see the patient’s real-time 1-minute ECG.
- See the ECG of all 48-patients in Real-Time ECG in a viewing mode similar to hospital Step-Down Telemetry
- Patient can be at home, at work, in a car, at a park, in the cinema, in the restaurant, at a sporting event........ and the ECG is continuously transferred to receiving PC for viewing and/or processing of the ECG data in the Real-Time Telemetry mode and the Holter ECG mode.
- Includes 100% Full Disclosure ECG, Arrhythmia, ST Segment, Elongated QTc, T-Wave Alternans, Signal Averaged ECG, Pacemaker Failure, Heart Rate Variability, and Autonomic Nervous System analysis.
Recent Articles on Diagnostic Value of > 7-Day 100% Continuous ECG

AJ Camm, 2014: Role of Continuous Monitoring in Atrial Fibrillation Management. “The relevance of increasing the Holter observation length from 24-hours to 7-days has been demonstrated by Kottkamp et al. In the last few years it has become evident that intermittent ECG documentation only captures a minority of the true AF Burden. The detection of AF in patients with thromboembolic risk factors should be performed wherever possible. Even short lasting AF episodes with a low AF Burden imply a significant risk increase of thromboembolic risk. Long-term external ECG monitoring may be very helpful, but if less than fully continuous and of long duration, will be less convincing."

Lazzaro, et al, 2002; Detection of Atrial Fibrillation with concurrent Holter monitoring and continuous cardiac telemetry. "Compared with continuous cardiac telemetry, Holter monitoring is significantly more likely to detect arrhythmias."

Stahrenberg, et al, 2010: Enhanced Detection of Paroxysmal Atrial Fibrillation by Early and Continuous Holter Monitoring in patients with Cerebral Ischemia. "Prolongation of Holter monitoring in patients with symptoms of cerebral ischemic events increases the rate of detection of paroxysmal A-Fib up to day 7, leading to a relevant change in therapy in a substantial number of patients. Hence, prolonged Holter monitoring (> 7 days) should be considered for all patients with unexplained cerebral ischemia."

Wachter, et al, 2013: Age-Dependent Yield of Screening for Undetected Atrial Fibrillation in Stroke Patients. "The 7 day Holter ECG is most efficient in elderly patients. The yield of 7-day Holter clearly increased with older age. In patients <65 years, all A-Fib patients were detected by Holter ECG."

Mayer et al, 2013: Cost Effectiveness of 7-Day Holter Monitoring. "A 7-day Holter to detect PAF in patients with cerebral ischemia is cost-effective. It increases the detection which leads to improved anti-thrombotic regimens; therefore, it avoids recurrent strokes, saves future costs, and decreases quality of life impairment."

Dagres, et al, 2010: Influence of the Duration of Monitoring. "In conclusion, a Holter duration of less than 4-days misses a great portion of recurrences; whereas, a 4-day recording might offer a reasonable compromise. During the 7-day recording, 30% had a recurrence (A-Fib after Ablation). 24-hour Holter detected 59%, a 48-hour Holter 67%, a 72-hour Holter 80%, and a 4-day Holter 91%."

Mulder et al, 2012: Arrhythmia Detection after Atrial Fibrillation Ablation. "A 4-day Holter at 12-months (after ablation) has an 88% sensitivity for arrhythmia detection, and appears to provide a sufficient monitoring time."

Roten, et al, 2012: Is 7-Day Event Triggered ECG Recording Equivalent to 7-Day Holter ECG for Atrial Fibrillation Screening? "Sensitivity of Event Triggered ECG for AF screening as compared to Holter ECG is lower, mainly because of shorter effective monitoring duration."

Cheung, et al, 2014: Comparing 14-Day Adhesive patch with 24-hour Holter Monitoring. "The loss of quality, automated rhythm analysis, and inability to detect myocardial ischemia continue to remain issues that will need to be addressed prior to the implementation of these new devices."