



**CARDIOVASCULAR DISEASE MANAGEMENT  
INTERVENTIONAL CARDIOLOGY  
PULMONARY DISEASES AND ALLERGY**

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**Cardiology**

**JOHN E. STROBECK, MD, PHD**

May 20, 2009

Joseph T. Shen, MD  
14 Vanderventer Avenue, Suite 138  
Port Washington, NY 11050  
Phone: 516-883-3383

**RE: Multifunction Cardiogram (MCG)**

**Dear Dr. Shen:**

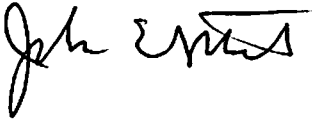
**I wanted to write you regarding my experience with the use of the MCG device in my clinical practice. Since beginning use of the device to evaluate patients with symptoms suggestive of coronary ischemia it has changed my practice and my approach to these patients. Patients with symptoms and an abnormal risk factor profile were routinely tested with traditional testing such as exercise ECG with or without a form of myocardial imaging (ECHO or SPECT).**

**After review of the published data on MCG and my own evaluation of the device in patients of mine with documented coronary disease, I am convinced of the usefulness of the device to identify the patient pre-imaging test with a high likelihood of a relevant coronary stenosis. The device and the objective internet testing process has performed very reliably if we are careful to record the patient's ECG with a minimum of artifact and baseline fluctuation. The device has since prevented me from performing imaging on patients with low MCG disease severity scores. Follow-up MCG tests can easily be done to monitor the status of patients with recurrent symptoms and, in particular, patients who have undergone revascularization.**

**We also have many instances where an abnormal MCG disease severity score has been found in patients with normal exercise stress imaging who were subsequently found to have significant coronary stenosis. These patients, with an unknowing risk of a coronary event, were greatly benefited by the MCG test.**

**Thank you and Premier Heart for all your efforts to make this technology available to myself and my colleagues. You have done an incredible service to the profession with the development of an extremely accurate, yet inexpensive method to use in the clinical practice of cardiology. I am sure this technology will be able to prevent a host of unnecessary testing on patients without significant coronary disease who have symptoms. If you have any further questions or I can be any additional help to you, please do not hesitate to contact me.**

**Sincerely,**

A handwritten signature in black ink, appearing to read "John E. Strobeck". The signature is fluid and cursive, with a prominent initial "J" and a long horizontal stroke at the end.

**John E. Strobeck, M.D., PhD  
Director, Heart-Lung Center  
Hawthorne, NJ**

**Director, Heart Failure Program  
The Valley Hospital  
Ridgewood, NJ**