

**MILESTONE MEDICAL INC.
 220 SOUTH ORANGE AVENUE
 LIVINGSTON, NJ 07039
 ATTN: JOSEPH D'AGOSTINO**

VOTE BY MAIL

Mark, sign and date your proxy card and return it in the postage-paid envelope we have provided or return it to Mr. Joseph D'Agostino, Corporate Secretary, Milestone Medical Inc., 220 S Orange Avenue, Livingston, NJ 07039 USA

TO VOTE, MARK BELOW IN BLUE OR BLACK INK AS FOLLOWS:
THIS PROXY CARD IS VALID ONLY WHEN SIGNED AND DATED

MILESTONE MEDICAL INC.

**The Board of Directors
 Recommends you vote FOR**

For ALL **Withhold ALL** **For all Except** To withhold authority to vote for any individual nominee (s), mark "For All Except" and write the number(s) of the Nominee(s) on the line below.

1. Election of Directors
Nominees: _____
- 01) Leonard Osser
 - 02) Martin Siegel
 - 03) Zhu Yun

The Board of Directors recommends you vote FOR the following proposal:

- | | | | | | | | |
|---|---|----------------|----------------|----------------|-------|-------|-------|
| 2. Advisory approval of the appointment of Friedman LLP as the Company's independent auditors for the fiscal year ending December 31, 2018. | <table border="0"> <tr> <td style="padding: 0 10px;">For</td> <td style="padding: 0 10px;">Against</td> <td style="padding: 0 10px;">Abstain</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | For | Against | Abstain | _____ | _____ | _____ |
| For | Against | Abstain | | | | | |
| _____ | _____ | _____ | | | | | |

NOTE: Such other business as may properly come before the meeting or any adjournment thereof.

For address change/comments, mark here. _____
 (see reverse for instructions)

Please indicate if you plan to attend this meeting. Yes _____ No _____

Please sign exactly as your name(s) appear(s) hereon. When signing as attorney, executor, administrator, or other fiduciary, please give full title as such. Joint owners should each sign Personally. All holders must sign. If corporation or partnership, please sign in full corporate Or partnership name by authorized officer.

NAME (Please PRINT)

Number of shares

Signature (PLEASE SIGN WITHIN BOX)

Date

Signature (Joint Owners)

Date

**Important Notice Regarding the Availability of Proxy Materials
For the Annual Meeting:**

**MILESTONE MEDICAL INC.
THIS PROXY IS SOLICITED ON BEHALF OF THE
BOARD OF DIRECTORS
FOR THE ANNUAL MEETING ON MAY 30, 2018**

The undersigned hereby appoints Leonard Osser and Joseph D'Agostino, and each of them, with full power of substitution, the attorneys and proxies of the undersigned to attend the Annual Meeting of Stockholders of Milestone Medical Inc. (the "Company") to be held May 30, 2018 at 11:00am. ET at the corporate office of Milestone Scientific Inc., 220 South Orange Avenue, Livingston, New Jersey 07039 and at any adjournment thereof, hereby revoking any proxies heretofore given, to vote all shares of common stock of the Company held or owned by the undersigned as indicated on the proposals as more fully set forth in the Proxy Statement, and in their discretion upon such other matters as may come before the meeting.

This proxy, when properly executed, will be voted in the manner directed herein. If no such direction is made, this proxy will be voted in accordance with the Board of Directors' recommendations.

Address change/Comments:

(If you noted any Address change and/or Comments above, please mark the corresponding space on the reverse side.)

Continued and to be signed on reverse side