

PUBLIC RELEASE

LifeBot Competitive Edge

Clinical work. Remote expertise. Connected records.

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LifeBot connects patient-side clinical work, remote consultation and received-record review in a configured Medical Command Network (MCN).

LifeBot supports healthcare and enterprise teams that need to coordinate the clinical application, selected equipment, communications paths and operating responsibilities around the care encounter. Each proposed configuration defines how local work, remote participation and record handoffs fit together. [L1-L6]

Why LifeBot belongs on the shortlist

- **A substantive patient-side workspace.** Link and Core support the patient-side DREAMS clinical application with selected medical equipment and local documentation. [L2, L4]
- **Clinical context for remote participation.** Command supports authorized consultation using selected shared monitoring, electrocardiogram (ECG), media and audio/video functions. [L3, L4]
- **Clear responsibility for the record.** Matrix searches and reviews received record packages; local saving, submission and receipt remain distinct steps. [L3]
- **Communications designed into the configuration.** The Intelligent Communications Manager (ICM) addresses selected connection paths; applicable local work and application recovery are specified separately. [L5]
- **A defined equipment and operating package.** The configuration can identify medical equipment, interfaces, power, consumables and the agreed implementation scope. [L2, L6]

Evaluate the complete encounter: patient-side work, remote clinical participation and clear record handoffs, in a configuration built around your requirements.

Capabilities depend on the selected roles, modules, equipment, services and interfaces. The buyer-value discussion explains potential relevance; it is not an independent product ranking or proof of superior outcomes.

Five strengths, tied to buyer value

The following strengths connect documented LifeBot capabilities with their potential relevance to your operating model. Availability follows the selected role, modules, equipment and services.

Encounter-first clinical work

Link combines a rugged Windows tablet, patient-side DREAMS and selected medical equipment. Core applies the same workflow family in a treatment-location cart or workspace. [L2]

Buyer relevance: A team can assess portable and treatment-location arrangements against the same encounter requirements. It should still validate each arrangement and its equipment list.

Clinical context beyond a conversation

Selected DREAMS functions span documentation, vitals and waveforms, ECG, imaging, digital stethoscope, audio/video and consultation support. Command provides the authorized remote clinical workspace. [L3, L4]

Buyer relevance: Remote participation can be evaluated around the information required for the encounter, including exactly which data is shared live, captured or included in the record.

Distinct consultation and record-review roles

Command supports remote clinical participation. Matrix supports received-record search and review, presence and connection-history views, and account/access administration. [L3]

Buyer relevance: Explicit role boundaries give the implementation team a clear basis for assigning access, handoff and record-receipt responsibilities.

Local work and communications planning

Applicable Link/Core local documentation can continue during loss of remote participation. ICM organizes selected Internet Protocol (IP) paths; resilience functions depend on the chosen equipment, firmware, licenses and services. [L5]

Buyer relevance: The operating design can address both disconnected local work and restoration of remote services. Network recovery is not proof of application reconnection or record reconciliation.

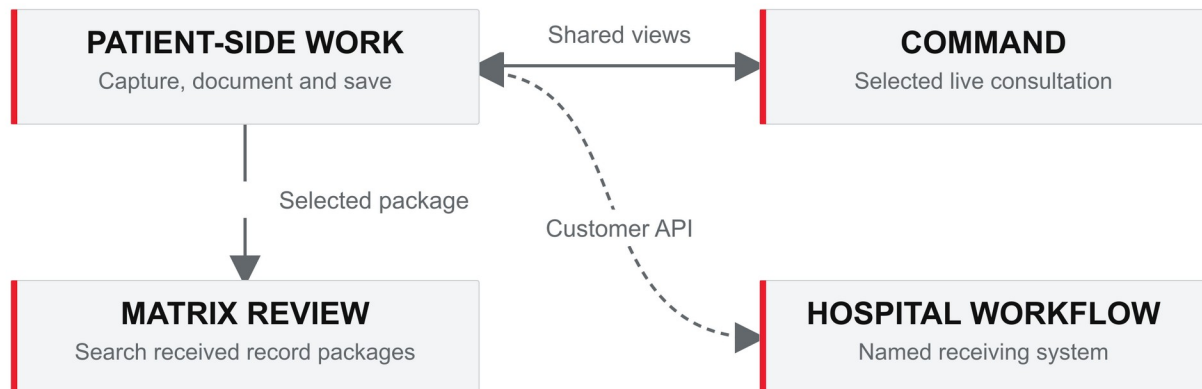
Configuration-level implementation detail

Medical Arsenal describes selected equipment for the encounter. Device inclusion, data integration, connectors, power and consumables must be identified for the delivered configuration. [L6]

Buyer relevance: For each selected item, identify what is supplied, how its information enters the encounter, who owns the interface and what evidence will show that it works as agreed. Record training, support and acceptance responsibilities alongside the equipment list. A listed device alone does not establish a verified data path.

How the LifeBot roles work together

Patient-side work, live consultation and later record review are connected but different tasks. LifeBot assigns distinct workspaces to these responsibilities. [L1-L5]



Local completion, record receipt and clinical handoff are distinct tasks.

Conceptual workflow, not an as-built design. The customer API (application programming interface) path requires a separately specified project interface.

Link and Core: the patient-side workflow

Link is the rugged-tablet arrangement; Core is a treatment-location cart or workspace in the same patient-side DREAMS family. The selected configuration determines equipment, modules, power and interfaces. [L2]

Command and Matrix: consultation and received records

Command supports authorized remote consultation with selected shared clinical context. Matrix searches and reviews received records and provides the described administration and connection-history functions. Saving an encounter locally does not establish that Matrix has received it. [L3]

DREAMS, ICM and Medical Arsenal: the supporting elements

DREAMS OS is the clinical application environment; Windows remains the host operating system. ICM addresses selected communications paths. Medical Arsenal addresses selected encounter equipment; physical inclusion in a kit does not itself establish an integrated data path. [L4-L6]

Guided-powered means human-directed, role-based coordination. It does not mean autonomous diagnosis or treatment. [L1]

Compare complete clinical workflows

Several established offerings combine device-supported consultation, clinical data capture and record-system connectivity. Compare the proposed configuration and its fit to the care setting, rather than treating these shared capabilities as exclusive to one vendor. [W1-W3]

Selected examples, reviewed on 9 September 2026

Offering	Published scope	Compare on the same use case
AMD AGNES Connect [W1]	Web-based clinical examination; live device data, images, documents and video; configurable EHR exchange.	Patient-side examination steps, selected devices, endpoint arrangements and encounter-report exchange.
GlobalMed ClinicalAccess / eNcounter [W2]	Mobile medical workstations; diagnostic peripherals; clinical data capture and EHR transfer workflows.	Exact equipment and data paths, power, configuration support, training and service responsibilities.
Teladoc Health Solo [W3]	Enterprise virtual care; hospital workflows, connected endpoints and EMR integration.	Required program breadth, clinical workflows, endpoint fit, EMR interfaces and service coverage.

Selected vendor descriptions, not an exhaustive market review or independent performance test. EHR means electronic health record; EMR means electronic medical record.

LifeBot's relevance in this landscape

For a buyer needing device-supported patient-side work, remote clinical participation and explicit record handoffs, LifeBot presents a concrete operating model to evaluate. Link/Core, Command and Matrix name the relevant roles; DREAMS, ICM and Medical Arsenal identify the application, communications and equipment considerations. [L1-L6]

Comparison scope

This comparison does not establish comparative speed, cost, security, interoperability or clinical outcomes. A capability omitted from a cited page is not assumed to be absent from that vendor's offering. Use current quotations and agreed acceptance criteria for the actual configuration.

LifeBot's competitive case is the fit of its configured workflow to your needs: patient-side work, remote consultation and explicit record handoffs.

Evaluate LifeBot in your care setting

Use the same simulated or appropriately de-identified encounter, required devices, user roles, network conditions and record destination for each shortlisted configuration. Agree the pass criteria before a demonstration or pilot.

1. Identify the exact system being evaluated

Record the DREAMS version/build, enabled modules, endpoint arrangements, equipment models and agreed services. Compare the proposed delivered configuration, not an aggregate of brochure capabilities.

2. Walk through patient-side clinical work

Demonstrate the required capture, documentation, review and local-save steps. Record which data is entered manually and which is received through a supported device interface.

3. Demonstrate the remote clinical role

Show authorized Command participation and each required shared view or media function. Identify the user who controls the encounter and the responsibility for consultation documentation.

4. Test loss and recovery of remote participation

Use an agreed, safe test scenario. Show which local functions remain available, what happens to the remote session, and the documented steps for reconnection and record reconciliation. Test selected ICM functions separately.

5. Prove receipt of the required record

Trace local saving, submission and received-record availability as separate events. Show Matrix review and, where contracted, delivery to the named receiving system through the specified interface.

6. Close equipment and operational gaps

Confirm connectors, power, consumables, device/software compatibility and operating limits. Name the owners of access administration, training, support, maintenance and acceptance sign-off.

Evidence to retain

Keep the agreed configuration list, test script, observed results, exceptions and responsible owners. If measuring setup time, task completion or cost, define the measurement method and compare equivalent scope. No benchmark, savings or clinical-outcome result is asserted in this brief.

A successful evaluation matches the required workflow to the documented configuration and agreed acceptance evidence.

Explore your LifeBot configuration

Bring the care setting. Map the workflow. Define the complete system.

Bring a representative clinical scenario, required devices and receiving-system requirements. Ask LifeBot to demonstrate local clinical work, authorized remote participation and record receipt in the proposed configuration.

Discuss your care network: info@LifeBot.us | [LifeBot website](#)

Publication scope and technical basis

Public release 1.2, dated 9 September 2026. Product basis: DREAMS 12.07.15, Build 3, as identified in the September 2026 LifeBot source publications. Publication version and software version are distinct. [L1, L4]

This is a product-positioning brief, not a specification, clinical instruction, certification or performance warranty. The agreed equipment schedule, interfaces and service scope govern each proposed configuration. No exclusivity, guaranteed recovery, universal interoperability or comparative clinical-outcome claim is made.

LifeBot source publications included in this package

The linked publications are the canonical copies in this integrated collection. Their individual editions are recorded in the Document Index; a lower retained edition is not automatically obsolete.

[L1] [Public Positioning Guide v1.0](#)

[L2] [Link technical datasheet](#) · [Core technical datasheet](#)

[L3] [Command technical datasheet](#) · [Matrix technical datasheet](#)

[L4] [DREAMS technical datasheet](#)

[L5] [ICM technical datasheet](#)

[L6] [Medical Arsenal technical datasheet](#)

Official comparison sources

[W1] [AMD Global Telemedicine: AGNES Connect](#)

[W2] [GlobalMed: ClinicalAccess medical workstations](#)

[W3] [Teladoc Health: Solo enterprise virtual-care platform](#)

Official product pages reviewed 9 September 2026. Descriptions summarize vendor-stated scope; offerings may change. Names and marks belong to their respective owners. Inclusion does not imply endorsement or partnership.

[Editable worksheet for an equal-scope comparison](#)

[LifeBot Public Release Set v1.3 — all documents and formats](#)