ANVIL

Cryptographic proof of prescriber presence. DEA-compliant.

> INITIALIZING REGULATORY ARBITRAGE WINDOW

> TARGET MARKET: $42.61B US TELEHEALTH SECTOR

> 71.4% OF U.S. PHYSICIANS USE TELEHEALTH WEEKLY

> ANVIL OBJECTIVE: CRYPTOGRAPHIC PROOF OF PRESCRIBER PRESENCE

ANVIL stops ghost prescribing — a hammer that comes down when fraud is attempted

The enforcement singularity arrives on December 31, 2026.

The Catalyst

Ryan Haight Act pandemic flexibilities explicitly terminate.
21 CFR Part 1306.44 (Docket DEA-407) activates.

The Scale

7,000,000+ controlled substance prescriptions (Adderall, buprenorphine, oxycodone) issued annually via telehealth without prior in-person visits.

The Mandate

Every prescribing platform faces an immediate, existential compliance cliff requiring verifiable proof of continuous prescriber presence.

7 Million Controlled Prescriptions. Zero Cryptographic Proof.

$42.61B

US telehealth market / 2024

$14.82B

Projected e-prescribing market by 2031 / 23.3% CAGR

7M+

Controlled substance prescriptions issued annually via telehealth without prior in-person visit

Telehealth expanded access to controlled medications. The audit layer did not keep up.

Today’s platforms can verify login. They cannot cryptographically prove who remained behind the screen when the controlled-substance prescription was authorized.

DEC 31, 2026: DEA FLEXIBILITIES EXPIRE

The Cost of Waiting

Regulatory exposure	Mistakes trigger severe fines (Done Global → $100M Adderall health-care fraud; CEO convicted)
Settlement damage	FTC/DOJ settlements impose real costs (Cerebral: $7M FTC order + $3.65M DOJ forfeiture)
In-house build	2–3 engineers, 12–18 months, $600K–$900K year one
ANVIL equivalent	$6,000 per provider / year; mandatory insurance against ghost prescribing

ANVIL creates defensible proof of prescriber presence before regulators demand it.

Benefit: ANVIL Prevents Ghost Prescribing in Real Time

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Session: authenticates credentialed prescriber profile
Verification: polls 468-point 3D facial geometry every 5 seconds
Termination: absence / failed confidence / device mismatch
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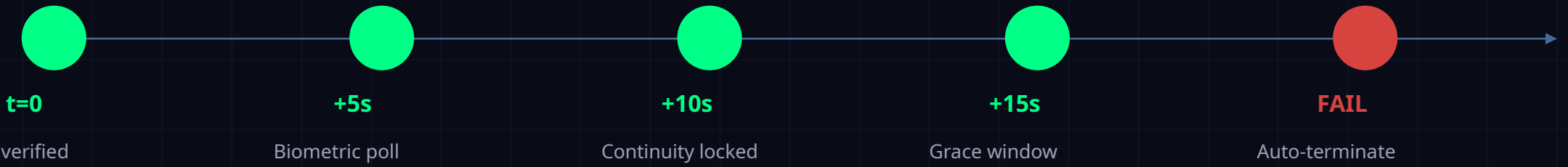
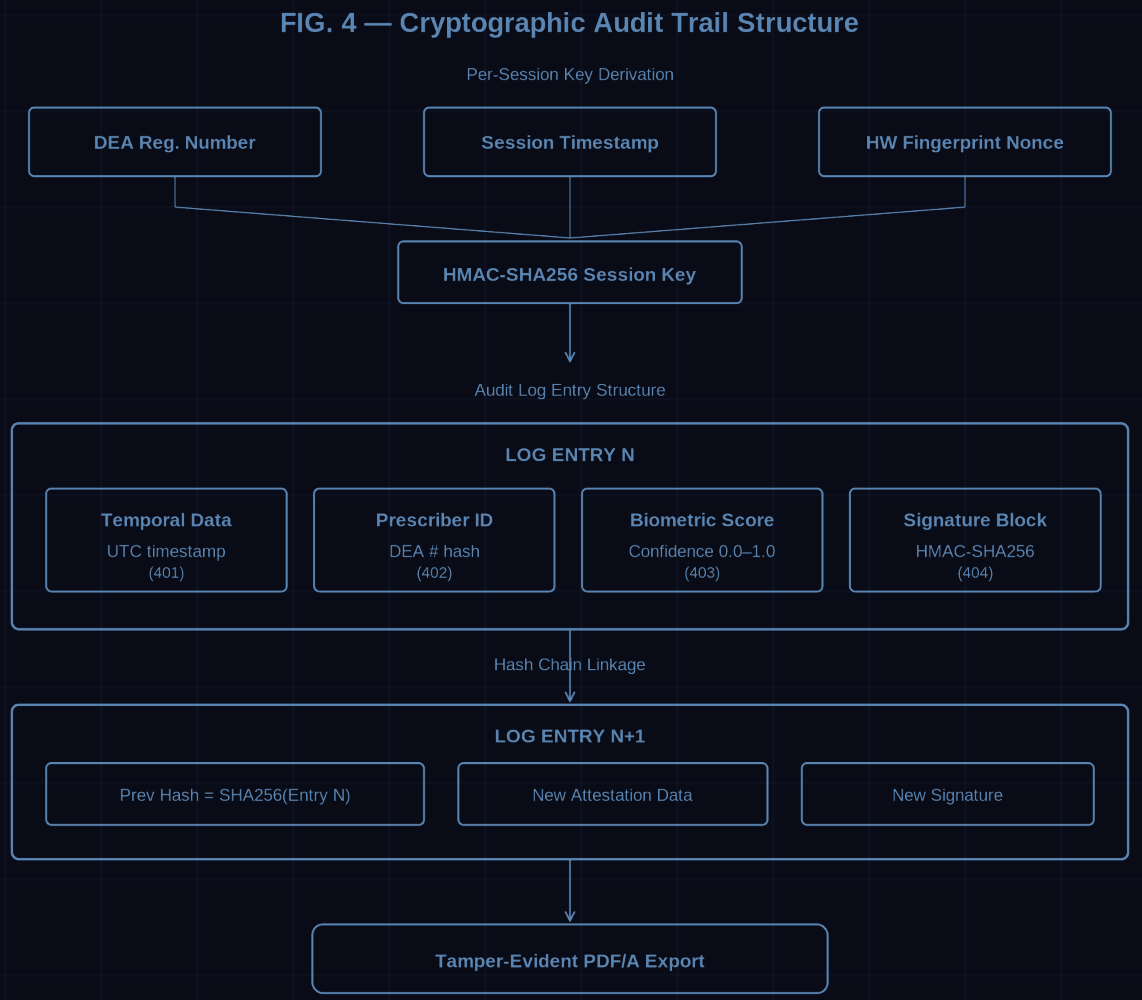
If the verified physician steps away and an unlicensed staff member takes over, the prescription signing session auto-terminates.

Credential sharing, ghost prescribing, and auto-refill fraud become auditable events instead of invisible operational risk.



Patent Fig. 4 — Cryptographic Audit Trail Structure



PAYLOAD

Per-session key derivation binds DEA registration number, timestamp, hardware fingerprint, and nonce into an HMAC-SHA256 session key.

Each audit entry carries temporal data, prescriber identity hash, biometric confidence score, and signature block.

Hash-chain linkage makes the PDF/A export tamper-evident and non-portable.

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OUTPUT: DEA-COMPLIANT AUDIT LOG
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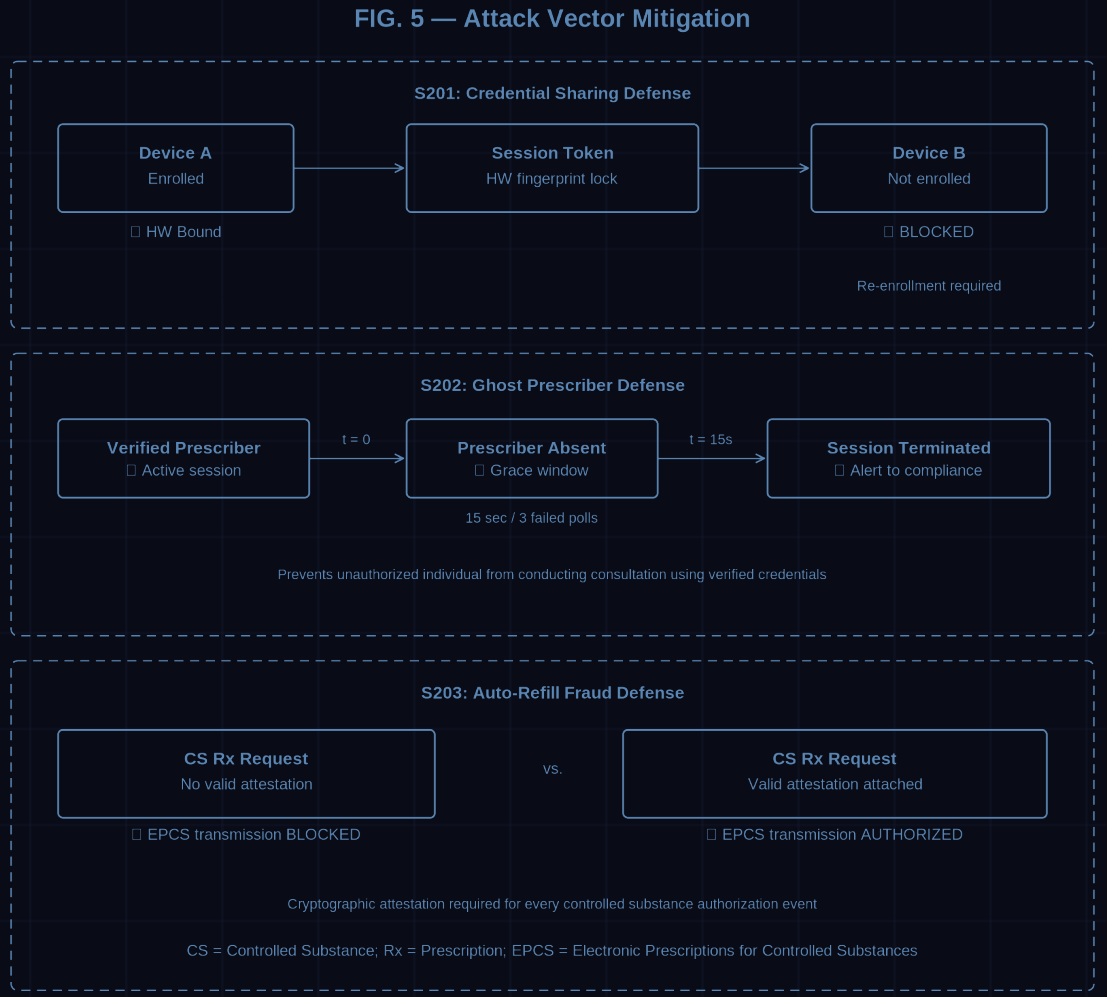
Provisional patent filed March 29, 2026 — Continuous Biometric Prescriber Presence Attestation System for Controlled Substance Telehealth Compliance.

Patent Fig. 5 — Attack Vector Mitigation



Credential sharing

Device mismatch is blocked; re-enrollment required.

Ghost prescriber

15-second / 3 failed-poll grace window, then termination.

Auto-refill fraud

No valid attestation, no EPCS transmission.

ANVIL does not merely detect risk. It converts unsafe prescription authorization into a blocked transaction.

Zero-Friction Deployment Architecture

INTEGRATION MODE

For mid-market / enterprise telehealth platforms with existing video infrastructure.

> Existing WebRTC / Zoom / Twilio stack

> ANVIL API layer

> /enroll /verify/session /audit/export

> Server-side daemon; invisible to clinician

STANDALONE MODE

For individual prescribers, addiction medicine, psychiatry, and distressed platforms needing Day-1 compliance.

> Native WebRTC platform

> Compliance baked in

> No IT team required

> Turnkey deployment

ANVIL SECURES BOTH PATHS

Targeting the Telehealth Mid-Market

$60–72M

Total reachable mid-market:
65–95 telehealth platforms × $500/provider/month

$7–18M

Initial buyer pool:
Platforms with urgent controlled-substance exposure

$400–600K

First-year revenue target:
4–5 platforms × 100–200 prescribers

Entry point: compliance counsel + exposed telehealth platforms

Direct outreach: General Counsel, VP Compliance, addiction medicine, psychiatry, controlled-substance telehealth. Law firms advise buyers facing DEA risk.

Target: prescription-heavy telehealth platforms — 93% medication-management demand.

WHEN COUNSEL RECOMMENDS COMPLIANCE TECH, CLIENTS BUY.

Unit Economics & Revenue Model

THE ECONOMICS

Pricing: $500 per prescriber / month
$5,000 platform minimum

Mid-market client: 200 prescribers =
$120,000 ARR

Gross margin: 85%+ software-only
containerized API

THE LEVERAGE

CAC: $25,000–$50,000
via law-firm channel partnerships

LTV: $300,000+ per platform

LTV / CAC: 10:1

AT $120K ARR, ANVIL IS A ROUNDING ERROR AGAINST PLATFORM LICENSE FEES AND ENFORCEMENT RISK.

Execution Risks & Controls

Certification Delay	**Critical**	$90K ring-fenced for SOC 2 Type I + parallel iBeta testing
Incumbent Pivot	**High**	Win reference clients and own DEA-specific audit formatting before Q4 2026
False Positives	**High**	Grace windows + compliance officer manual override dashboard
Biometric Privacy	**Existential**	Zero raw image storage; irreversible hashed embeddings; BIPA discipline

The dangerous risk is not building too much. It is missing the certification window.

Team XORD — The Brain Trust Behind ANVIL

Roman Latkovic

FOUNDER & CREATIVE ARCHITECT

Inventor of Physics Over Code™. 5 patents. Founder of XORD.

Visionary systems architect across four decades of digital infrastructure, blockchain, and market strategy.

BanderaSH-A256

CTO & SECURITY ARCHITECT

25+ years securing critical systems. No breaches.

Cybersecurity architect. Builds ANVIL's hardened security layer, threat logic, and adversarial defense.

Identity protected for public distribution.
Verified references available upon request.

Elhadj Hocine, PhD

LEAD BACKEND ENGINEER

Theoretical physics PhD. Backend systems engineer. Kotlin, Go, PostgreSQL.

Builds ANVIL's authentication, API logic, and real-time infrastructure.

Strategic Partner: Arash Mahin, CEO — HygenX AI (AI-Driven Hospital Robotics)

The Ask: $500,000 Seed

18% **$90,000**

Compliance & Certification

SOC 2 Type I audit, readiness assessment, compliance tooling

8% **$40,000**

iBeta PAD Testing

ISO 30107-3 Level 1 & 2 presentation attack detection

16% **$80,000**

Engineering & Deepfake Defense

Deepfake detection integration, pilot platform support

15% **$75,000**

Market Activation

Law firm partnerships, ATA/HIMSS presence

11% **$55,000**

Legal & Privacy

BAA templates, BIPA compliance, privacy counsel

32% **$160,000**

Team & Contingency

Roman, Hocine, junior dev, IT security, design (9 months) + $63,300 contingency

Month 3

SOC 2 Type I complete
2 pilot LOIs

Month 6

iBeta complete
3 platforms live / $150K ARR run rate

Month 12

SOC 2 Type II complete
8–12 platforms / $800K ARR

FINANCING ELIMINATES CERTIFICATION FUNDING CLIFFS BEFORE DECEMBER 2026.

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> ANVIL_FINAL_STATE: READY_FOR_DEVELOPMENT
> PRESENCE_PROOF: CONTINUOUS
> AUDIT_TRAIL: TAMPER_EVIDENT
> STANDARD_TO_OWN: DEA PRESCRIBER PRESENCE
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FOUNDATIONAL IDENTITY LAYER FOR REGULATED DIGITAL MEDICINE

Was this action taken by an untampered system under the control of a verified living human?

roman@xord.io | xord.io

Full business plan and the freedom to operate research available.