

Power of Attorney

For
(Name of proxy) (Proxy's national identification number)
.....
(Proxy's address) (Proxy's phone number daytime)
.....
(Proxy's postal code) (Proxy's postal address)

or whoever the proxy appoints instead, to represent all shares that I/we hold in the
company, at the Annual General
Meeting of Sedana Medical AB (publ) on Tuesday 16 May 2023.

.....
(Place) (Date)
.....
(Shareholder's name)
.....
(Signature) (Clarification of signature)
.....
(Shareholder's national identification number or registration number) (Shareholder's phone number daytime)

Please send the original power of attorney and, if the power of attorney is issued by a legal entity, a copy of a certificate of registration or equivalent authority document, well before the Annual General Meeting to: Sedana Medical AB (publ), "Annual General Meeting", Vendevägen 89, 182 32 Danderyd, Sweden.