## 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 Wednesday, 22 May 2024.		
	(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 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", Svärdvägen 3, 182 33 Danderyd, Sweden.