

POWER OF ATTORNEY FORM

According to Chapter 7, Section 54a of the Swedish Companies Act

The following proxy, or whoever he or she puts in his or her place, is hereby authorized to vote in favour of all the undersigned's shares in Dextech Medical AB (publ), 556,664–6203, at the Annual General Meeting of Dextech Medical AB (publ) on October 31, 2023.

Representative

Name of the representative	Social security number/date of birth
Utdelningsadress	
Postal code and city	Telephone number

Signature of the shareholder

Name of shareholder	Social security number/date of birth/organization number
Place and date	Telephone number
Signature*	

*In the case of a company signature, the name clarification must be stated at the signature and the current registration certificate must be attached to the completed power of attorney form.

Please note that notification of shareholders' participation at the General Meeting must be made – in the manner prescribed in the notice – even if the shareholder wishes to exercise his or her voting rights by proxy.

The completed power of attorney form (with any attachments) should be sent to Dextech Medical Off Box 389, 751 06 Uppsala, together with the notification of participation. If the shareholder does not wish to exercise his or her voting rights by proxy, the proxy form does