

Proxy form

The _____, or the person who replaces him, is hereby authorized to vote for all the undersigned's shares in DexTech Medical AB, Orgnr 556664-6203, at the Extraordinary General Meeting of DexTech Medical AB on 25 November 2021.

Signature of the shareholder

Shareholder's name	Social security number/date of birth/corporate identity number
City and date*	Telephone number
Signature	
Name clarification*	

* Please note that the power of attorney must be dated and signed. When signing a company, clarification of name must be stated at the signing and the current registration certificate must be attached to the completed power of attorney form.

Please note that notification of shareholders' participation in the Extraordinary General Meeting must be made - in the manner prescribed in the notice - even if the shareholder wishes to exercise his voting right through a proxy.

The completed power of attorney form (with any appendices) must be received by the agent no later than 22 November 2021 and sent by e-mail to gosta.lundgren@dextechmedical.com or by post to DexTech Medical AB, Extraordinary General Meeting, Box 389, 751 06 Uppsala, together with registration of participation. Of course, if the shareholder does not wish to exercise his voting right through a proxy, the power of attorney form does not need to be submitted.

On the following page, voice instructions to the agent can be specified. Please note that if answers to the answer options are omitted or are ambiguous for an item on the agenda, the agent will not vote for your shares under the current question. If special instructions or conditions are provided in the power of attorney, the power of attorney is invalid. Please see the notice on DexTech Medical AB's website (<https://dextechmedical.com>) for complete proposed decisions.

Revocation of a power of attorney is done by ticking the box below for revocation, signing and sending the form in the manner prescribed above.

For questions, please contact gosta.lundgren@dextechmedical.com
If you have any questions, please contact gosta.lundgren@dextechmedical.com

I wish to revoke the already registered power of attorney

Voting instructions to the proxyholder _____ for the signed
shareholders regarding the decision points at the Extraordinary General Meeting of DexTech
Medical AB on Thursday, November 25, 2021.

1. Election of chairman of the meeting. Yes <input type="checkbox"/> No <input type="checkbox"/>
2. establishment and approval of the electoral roll; Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Choice of one or two adjusters. a) Anders R Holmberg Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Examination of whether the meeting has been duly convened. Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Approval of the agenda. Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Approval of the Board of Directors' resolution on a rights issue. Yes <input type="checkbox"/> No <input type="checkbox"/>