Schedule 1: POWER OF ATTORNEY I, Name		
Address	-	
Postal number and city	-	
Country	-	
hereby authorizes Gitte Lund Henriksen, CS MEDICA A/S, with full right of substitution my / our shares at CS MEDICA A/S' ordinary general meeting on 14 February 2023, at 3 we have stated how the votes are to be given and hereby authorize and instruct G vote accordingly. I / we agree that in the event of non-ticking, the power of attorney to omit this at the discretion of the proxy.	itte Lund I	ET). Below I / Henriksen to
Item on the agenda	For	Against
1. Election of chairman of the meeting.		
2. Presentation of the annual report with auditors' report for adoption.		
3. Resolution concerning the appropriation of losses as recorded in the		
adopted annual report.		
4. Election of members to the board of directors.		
5. Election of the Company's auditor.		
6. Authorization to the board of directors to issue incentive warrants up to 5% of the current share capital		
7. Change of the financial year to the calendar year		
8. Any other business		
This power of attorney shall be sent to Gitte Lund Henriksen, e-mail glh@cs-med arrived no later than 7 February 2023 , at 11.59 PM (CET) . Shareholder:	dica.com,	so that it has
(Signature).		

Date: