

# Proxy

Date:

To: Alpha MED Scientific, Inc.

Applicant:

Address:

Name:

[Registered Seal]

Phone Number:

(daytime phone number)

I hereby appoint the person named below as my representative to request  
the \_\_\_\_\_ (Note) of my personal information.

Representative:

Address:

Name:

Phone Number:

(Note) Please choose one of the following to fill in the blank underlined section above.

notification of purpose of use, disclosure, revision, addition, deletion, suspension of use, removal, or  
suspension of provision to third parties

End