

Power of Attorney Form

Georgia Limited Power of Attorney

BE IT ACKNOWLEDGED that I,

, (social security number)

the undersigned, do hereby grant a limited and specific power of attorney to

Pain 2 Wellness Center, LLC of 3910 Cascade Road, Atlanta, Georgia 30331 as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

Direct payment for services rendered by Pain 2 Wellness Center, LLC in reference to Person Injury Claims

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be irrevocable.

Signed this day .

Signature

X _____



Signature Certificate

Document name: Power of Attorney Form

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