

# 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

Unique Document ID: C7FB6BE3C672BCD34EF9F6A4271F88E429C63358



### Timestamp

November 1, 2022 7:09 pm  
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