Concord Medical Services Holdings Limited (the "Company")

PROXY

| I/We* | | | (name) of |
|--------|--|---|---------------------------------|
| | | () () | (address, |
| | | (number) Class A ordinary shares and | |
| Compa | | | |
| | | | () (|
| - | | | (name) of (address), or failing |
| him/he | er/them* the Chairman of the m | neeting as my/our proxy/proxies* to attend on my/our* behalf at the | |
| | | rijing time) at Room 26A1-26A5, East Tower, Hanwei Building, | |
| | and at any adjournment thereof. | <i>y y y y y y y y y y</i> | |
| | | | |
| *Pleas | se delete as appropriate. | | |
| NOTE | | | |
| NOTE | <u> </u> | | |
| 1. | To be effective, this form of proxy must be duly completed, signed and delivered to Room 26A1-26A5, East Tower, Hanwei Building, No. 7 Guanghu Road, Chaoyang District, Beijing, P.R. China for the attention of director Yang Jianyu or emailed to botao.shi@ccm.cn no later than the time for holding the meeting or the adjourned meeting at which the proxy is to be used. | | |
| 2. | Any alterations made to this form of proxy should be initialled. | | |
| 3. | In the case of a corporation, this instruction should be given under its Common Seal or under the hand of an officer, attorney or other person du authorised in writing to sign the same. | | |
| Date: | | | |
| Signed | l by or on behalf of the above na | med | |
| | | | |
| Name: | | | |
| | | | |
| | | | |