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· Augustina

name or in both our names jointly, either with or without right of survivorship.

including physicians, surgeons, dentists, medical specialists, nurses, and paramedical assistants deemed by my attorney needful for the proper care, custody and control of my person and to do so without liability for any neglect, omission, misconduct or fault of any physician or other medical personnel, provided such physician or other medical personnel were selected and retained with reasonable care, and to dismiss any such person at any time, with or without cause.

procedures and treatment including but not limited to medication, therapy, surgical procedures and dental care, and to consent to all such treatment, medication or procedures where such consent is required; to obtain the use of medical equipment and devices or other equipment and devices deemed by my attorney needful for proper care, custody and control of my person and to do so without liability for any neglect, omission, misconduct or fault with respect to such medical treatment or other matters authorized herein.

desires or fails to direct, my attorney is authorized to make arrangements, contract for services and secure my placement in any hospital, nursing home, rest home, retirement home or like facility deemed by my attorney needful for my proper care, custody and control and to do so without liability for any neglect, omission, misconduct or fault with respect to such placement.

17. To apply for, elect, receive, deposit and

TOTAL TO SEE ENGLISH

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