State Medical Board of Ohio

Report of RU-486 Event

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 11 (Month) 17 (Day) 17 (Year)
2. Name of medical practice or facility at which RU-486 was provided:
   Capital Care Network Toledo
3. Address of medical practice or facility at which RU-486 was provided:
   1160 W Sylvania Toledo OH 43612
4. Date post RU-486 complication began: 12/19/17
5. Event(s) (Please check all that apply):
   ✓ Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized
   ___ Patient received a transfusion ___ Severe bleeding
   ___ Other serious event (specify) ____________
6. Duration of event: ______ Hours 3 Days
7. Remarks: D&C on 12/22/17 no further complications
8. a. Name of physician who provided RU-486 L. Ann Nunnally
8. b. Physician's signature [signature] MD (M.D.) D.O___
   Date 12/22/17

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
JAN 17 2018

State Medical Board of Ohio

Report of RU-486 Event

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 11 (Month) 29 (Day) 2017 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
   Capital Care Network Toledo

3. Address of medical practice or facility at which RU-486 was provided:
   1160 W Sylvania Ave Toledo, OH 43612

4. Date post RU-486 complication began: 1/6/18

5. Event(s) (Please check all that apply):

   X Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

   ___ Patient received a transfusion ___ Severe bleeding

   ___ Other serious event (specify) ______________________

6. Duration of event: _____ Hours 1 Days

7. Remarks: D&C on 1/6/18 no further complication

8. a. Name of physician who provided RU-486 L. Ann Nannelly

8. b. Physician's signature [signature] M.D.(circled) D.O___

Date 1/9/18

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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JAN 22 2018