

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: January 13, 2015
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
PPOH

3. Address of medical practice or facility at which RU-486 was provided:
3255 East Main St., Columbus, OH 43213

4. Date post RU-486 complication began: 1/30/15

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

Incomplete abortion Adverse reaction to RU-486 Patient hospitalized

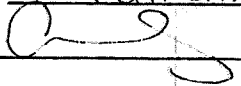
Patient received a transfusion Severe bleeding

Other serious event (specify) _____

6. Duration of event: N/A Hours _____ Days _____

7. Remarks:
failed secondary to FDA protocol

8. a. Name of physician who provided RU-486 Catherine Kumars

8. b. Physician's signature  MD/DO

Date 2/3/15

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

MEDICAL BOARD
FEB 9 2015



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: October 13, 2015
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
PPOH

3. Address of medical practice or facility at which RU-486 was provided:
3255 East Main St. Columbus, OH 43213

4. Date post RU-486 complication began:
10/29/2015

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 _____ Days

7. Remarks: incomplete medication abortion following FDA approved protocol.

8. a. Name of physician who provided RU-486: Catherine Romanos

8. b. Physician's signature: M.D./D.O.

Date: 10/28/15

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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