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: 2 (Month) 24 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided: NORTHEAST OHIO WOMENS CENTER LLC 2127 STATE RD CUYAHOGA FALLS, OH 44223

3. Address of medical practice or facility at which RU-486 was provided: NORTHEAST OHIO WOMENS CENTER LLC 2127 STATE RD CUYAHOGA FALLS, OH 44223

4. Date post RU-486 complication began: 4/12/18

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 2 Days

7. Remarks: Pt had simple aspiration rather than being given 2nd dose of Misop. Done w difficulty & missed desired

8. a. Name of physician who provided RU-486 S. M. Upton, MD

8. b. Physician's signature _____ MD / DO

Date 4/14/18

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

Prescribed: 5/--/2011, Rev. 12/13/12

3

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: 4 / 29 / 18
   Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:

   NORTHEAST OHIO WOMENS CENTER
   LLC
   2127 STATE RD
   CUYAHOGA FALLS, OH 44223

4. Date post RU-486 complication began:

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 _____ Days

7. Remarks: Pt had stable pre-op hCG
   Did suction D&C on 4/28/18. Multinodular
   ant & decidua

8. a. Name of physician who provided RU-486 Jennifer Wilson, MD

8. b. Physician's signature _____ MD/DO

   Date 4/29/18

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

Prescribed: 5/--/2011, Rev. 12/13/12