Rept #16

State Medical Board of Ohio
Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: January (Month) 12 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Central Ohio Women's Center

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 event began: 2/10/12

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

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

___ Patient received a transfusion ___ Severe bleeding

X Other serious event (specify) moderate bleeding

6. Duration of event: 2 Hours _____ Days

7. Remarks: D and C done for moderately heavy bleeding at time of routine follow up.

8. a. Name of physician who provided RU-486 Keder

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

Date 5/7/12.

Send completed forms to:

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

MEDICAL BOARD
MAY 21 2012

2012 MAY 21 AM 8:04
STATE MEDICAL BOARD OF OHIO

Prescribed: 5/--/2011

Rept #7

State Medical Board of Ohio
Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: March (Month) 19 (Day) 2012 (Year)

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

Central Ohio Women's Center

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

3255 East Main St Columbus, OH

4. Date post RU-486 event began:

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:

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

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

Date 5/14/12

Send completed forms to:

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

MEDICAL BOARD
MAY 24 2012

Prescribed: 5/--/2011

Rept # 12

State Medical Board of Ohio
Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 4 (Month) 4 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Central Ohio Women's Center

3. Address of medical practice or facility at which RU-486 was provided:
3155 E. Main Street Columbus, Ohio 43213

4. Date post RU-486 event began: 4-12-12

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 14 Days

7. Remarks:

8. a. Name of physician who provided RU-486 _____

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

Date 5/30/12

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

MEDICAL BOARD
MAY 31 2012

Prescribed: 5/--/2011

Rpt# 15

State Medical Board of Ohio
Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 05 (Month) / 16 (Day) / 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
CENTRAL OHIO WOMEN'S CENTER

3. Address of medical practice or facility at which RU-486 was provided:
3455 E. MAIN STREET Columbus, OHIO 43213

4. Date post RU-486 event began:
04-04-12

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:

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

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

Date 6/11/12

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

MEDICAL BOARD
JUN 18 2012

Prescribed: 5/--/2011