Rept#1



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physicisn who provided RU-486

1. Date RU-486 was provided:		04		7011
	_	Month		<i>∠011</i> Year
2. Name of medical practice or Preferm	facility at which			1 641
3. Address of medical practice of	or facility at which	ch RU-486 wa	s provided:	
12000 Shaker Bl	lvd. Cle	veland	44120	
4. Date post RU-486 event bega	an: 04/	21/2011		_
5. Event(s) (Please check all that	at apply):			-
Incomplete abortion	Adverse re	action to RU-486	S Patient	hospitalized
Patient received a transfusion	Severe ble	eding		,
Other serious event (specify)				
6. Duration of event:	_Hours2	Days		
7. Remarks: Abortion completed	surgically	1 4/29/11	, no Surthe	r complication.
8. a. Name of physician who pro	 ovid@l RU-486	Robert	Lowenth	ol. M.D.
8. b. Physician's signature	Date_	7/13/1)	M.D.)D.O
Send completed forms to:	State Medical	Board of Ohi		
·	Legal Departr	ment		
	30 E. Broad S	St., 3 rd Floor		
	Columbus, O	H 43215-612	7	

MEDICAL BOARD

JUL 19 2011



(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided	:		- 11	0-4
and the time provided	-			
2. Name of medical practice of the learn	or facility at wh		provided:	ा स्था
3. Address of medical practice	or facility at w	vhich RU-486 was	provided:	
12,000 Shaker L	31vd.	Cleveland	44120	•
4. Date post RU-486 event beg	gan: C	05/11/11		
5. Event(s) (Please check all the				
Incomplete abortion	Advers	e reaction to RU-486	Patient ho	spitalized
Patient received a transfusion	Severe	bleeding		
Other serious event (specify)				
6. Duration of event: 2	Hours	Days		
7. Remarks:				
Abortion complete	d surgical	20g 5/11/11, no	Switter con	uplication.
8. a. Name of physician who p	rovided RU-4	86 <u>Lisa</u>	Perriera,	4.D.
8. b. Physician's signature _	XIII_	0	r	M.D.) D.O
	Da	te 7/13/11		
Send completed forms to:	State Med	ical Board of Ohio		
	Legal Dep	artment		
	30 E. Broa	ad St., 3 rd Floor		
	Columbus	, OH 43215-6127	MEDI	CAL BOARD

JUL 19 2011

V Ript#3



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided: July 12 20 1 Month Day Year 2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood of Northers + Ohio 3. Address of medical practice or facility at which RU-486 was provided: 1950 ROCKSIDE Rd Bed Ford OH 49146 4. Date post RU-486 event began: B 15 11 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized Patient received a transfusion Severe bleeding Severe bleeding
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood of Northers + Ohio 3. Address of medical practice or facility at which RU-486 was provided: 1950 ROCKAde Rd Bedford, OH 44146 4. Date post RU-486 event began: 8/15/11 5. Event(s) (Please check all that apply): Adverse reaction to RU-486 Patient hospitalized
Planned Parenthood of Northeast Ohio 3. Address of medical practice or facility at which RU-486 was provided: 1950 ROCKENDE Rd Bedford, OH 44146 4. Date post RU-486 event began: 8/15/11 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized
3. Address of medical practice or facility at which RU-486 was provided: 1950 ROCKSIDE Rd Bed Ford, OH 44146 4. Date post RU-486 event began: 8/15/11 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized
3. Address of medical practice or facility at which RU-486 was provided: 1950 ROCKSIDE Rd Bed Ford, OH 44146 4. Date post RU-486 event began: 8/15/11 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized
19550 ROCKSIde Rd Bedford, 04 44146 4. Date post RU-486 event began: 8/15/11 5. Event(s) (Please check all that apply):Incomplete abortionAdverse reaction to RU-486Patient hospitalized
4. Date post RU-486 event began: 8 15 11 5. Event(s) (Please check all that apply): Incomplete abortionAdverse reaction to RU-486Patient hospitalized
5. Event(s) (Please check all that apply): Incomplete abortionAdverse reaction to RU-486Patient hospitalized
5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized
Incomplete abortion Adverse reaction to RU-486 Patient hospitalized
/
/
Patient received a transfusion Severe bleeding
Other serious event (specify)
6. Duration of event:35_ Hours Days
per et report
7. Remarks:
The state of the s
8. a. Name of physician who provided \$1466 Dand Burkons, MT
8. b. Physician's signature M.D. / D.O
Date 9/2///
Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3 rd Floor
Columbus, OH 43215-6127

Rept#4



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

Date RU-486 was provided:	12/	9 11
	Month	Day Year
2. Name of medical practice or fac	ility at which RU-486 was pr	ovided:
Planned Parentho	od of Normeass	04
3. Address of medical practice or fa		
19950 Rowende	Fd Bedfor	d of 44146
4. Date post RU-486 event began:		
12/22/11		
5. Event(s) (Please check all that a	pply):	
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion _	Severe bleeding	
Other serious event (specify)		
6. Duration of event: H	ours Days	
7. Remarks:		
	A A A A A A A A A A A A A A A A A A A	V Could MAD
8. a. Name of physician who provid	ed RyJ-486 / // (A) [(4)	1 DINIIGIND
8. b. Physician's signature	\mathcal{N}	M.D. / D.O
	Date	124/12
Send completed forms to: S	tate Medical Board of Ohio	
	egal Department	
	DEL Broad St. PS Floor 17	
	olumbus, OH 43215-6127	
· ·		

Pept#5



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		12	21	1.1
		Month	Day ————————————————————————————————————	Year
2. Name of medical practice or fa	acility at which	h, RU-486 was p	rovided:	
Planned Parentho	od of n	omeass	- OMD	
3. Address of medical practice or	facility at whi	ch RU-486 was	provided:	
1950 Rollinge	Pd	Bedford	OH 4414	14
4. Date post RU-486 event begar	n:	_		
1 41412				
5. Event(s) (Please check all that	apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient h	nospitalized
Patient received a transfusion	Severe ble	eeding		
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks: DAC for pe	BISHEUT.	Sac		
8. a. Name of physician who prov	idad DI 486	1 61/	Mars M	D
b. a. Name of physician who prov		MINION	TROUS 1 10	
8. b. Physician's signature	4///		24/10	M.D. / D.O
	Date.		26/12	
Send completed forms to:	State Medica	l Board of Ohio		
`	Legal Depart	ment		
	30 E. Broad S	St., aft Filpand (70% TVH 36	
		H 43215-6127		
		asyoa 505	170 E. S	

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	January	12	2013
	Month	Day	Year
2. Name of medical practice or facility at v	vhich RU-486 was p	rovided:	N 2000 (2017) (2
Central Ohio Women's	Center	- Wildering	MARINE MA
3. Address of medical practice or facility at	which RU-486 was	provided:	
3255 East Main 5+ 4. Date post RU-486 event began: 2/	Columbus 110/12	, он ч	3213
5. Event(s) (Please check all that apply):	MATON SHADOW S	<u>.</u>	
Incomplete abortionAdve	rse reaction to RU-486	Patient	hospitalized
Patient received a transfusion Seve	re bleeding		
X Other serious event (specify)	, bluduž	V-1	
6. Duration of event: 2 Hours	Days		A A A A A A A A A A A A A A A A A A A
7. Remarks: Dand C done for mo novinu followp.	duchly heavy h	leef , at how	4 %
8. a. Name of physician who provided RU	486 Keder		
8. b. Physician's signature	Mate 5/7/12.		M.D. / D.O
Send completed forms to: State Me	dical Board of Ohio	<u> </u>	3 A A C C C C C C C C C C C C C C C C C

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

STATE MEDICAL BOARD OF OHIO

2012 HAY SI DA 8: OL

Prescribed: 5/--/2011

MEDIGAL BOARD

MAY 2 1 2012

Rept#7

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provide	d:	March Month	19 Day	2012 Year
2. Name of medical practice	or facility at wh	nich RU-486 was	provided:	245699as
Central Onio W.	omen's Cer	nter	COMMUNICATION NAME OF THE PARTY	
3. Address of medical practic	e or facility at v	vhich RU-486 wa	s provided:	A STATE OF THE STA
3255 East Ma	in St (Columbus, o	Н	
4. Date post RU-486 event be				
5. Event(s) (Please check all	that apply):	Control of the Contro		MANAGEMENT AND
Incomplete abortion	Advers	e reaction to RU-486	B Patie	nt hospitalized
Patient received a transfusion	Severe	bleeding		
Other serious event (specify)		- Advance - Adva	AND CALLED AN AREA OF PARTY OF THE PARTY OF	AND
6. Duration of event:	Hours	Days	Augusta	Medidama
7. Remarks:			12/20/20/20/20/20/20/20/20/20/20/20/20/20	
		Market		
8. a. Name of physician who t	provided RU-4	186 <u>CCHA</u>	enue C	msuo
8. b. Physician's signature			114/12	M.D. / D.O
Cond completed forms to	**************************************			260 April 200 Ap
Send completed forms to:	Legal Dep	ical Board of Ohio	ט	
		ad St., 3 rd Floor		MEDICALOCAL
		OH 43215-612	7	MAY 2 4 2012

Rept #8



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 provide	ed:	01	101	2017
·		Month] 9 Day	2012 Year
2. Name of medical practice	or facility at w	hich RU-486 was		i eai
PPNEO	,			
3. Address of medical practic	e or facility at	which RU-486 was	s provided:	
19550 ROUKSID	E RD.	BEDI		
4. Date post RU-486 event b	egan: ² /17/12			
5. Event(s) (Please check all	that apply):			·
Incomplete abortion	Advers	se reaction to RU-486	Patient	hospitalized
Patient received a transfusion	Severe	e bleeding		
Other serious event (specify)				
6. Duration of event:	Hours	∑ Days		
7. Remarks: The per	n reli	and for	F/U So	dmt snon
8. a. N a me of physician who p	,	U 1-		
8. b. Physician's signature _	Da	E 5/11/	2	M.D.// D.O
Send completed forms to:	State Medi	cal Board of Ohio		
	Legal Depa	artment		
2012 MA 25 YAM 2105	30 E. Broad	d St., 3 rd Floor		
STATE MEDICAL BOARD		OH 43215-6127	VI.	ICAL BOARD
STATE MEDICAL ROAD			N.	AY 39 2012

Prescribed: 5/--/2011

Rept#9

Prescribed: 5/--/2011



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	: 12	<i>&</i> .	
The Ballot No 400 was provided	Month	<i>61</i>	2011
Name of medical practice or		Day	Year
PPN ED	r lacility at Willelf 170-460 wa	s provided.	
PPNCO			
3. Address of medical practice	or facility at which RU-486 w	as provided:	
19550 ROCKSIDE	RD, BEDFORD, OF	44146	
4. Date post RU-486 event beg	gan:		
5. Event(s) (Please check all the	nat apply):		
Incomplete abortion	Adverse reaction to RU-4	86 Patient	t hospitalized
Patient received a transfusion	Severe bleeding		
Cther serious event (specify)	HEMATOMETICA EN	Loi	
6. Duration of event:	Hours13_ Days		
7. Remarks:			
	\mathcal{M}		
8. a. Name of physician who pr	ovided RV-486 Jr. D	AVID BURKON	ک
8. b. Physician's signature	$M)/M \rightarrow$		
	Date 5/4/	/>	
Send completed forms to:	State Medical Board of Oh	io	мен жени жана жана жана жана жана жана жана жа
	Legal Department		
Cl -7 11 .	30 E. Broad St., 3 rd Floor	80. 80° Water-	
2012 MAY 29 PM 2: 15	Columbus, OH 43215-612	e7 MEDI	CAL BOARD
GRAOB JASIUS 10			AY 29 2012

Rept# 10



State Medical Board of Galio 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 provide	ed:	0 1	2011
	Month	Day	Year
	e or facility at which RU-486 was p	provided:	
PPNED			
3. Address of medical practic	ce or facility at which RU-486 was	provided:	
	IDE RO, BEDFORD,		46
4. Date post RU-486 event b	pegan:		
5. Event(s) (Please check al	I 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:		± q	
8 a Name of physician who	provided RU-486 / DR. SAR	AH SMITT).
	provided HO400 /B/C / 3/10	1 1	
8. b. Physician's signature	Date5/	122/12	M.D.
Send completed forms to:			
	State Medical Board of Ohio		
MA 65 YAMSIOS	Legal Department		
- 82 4 888 4	30 E. Broad St., 3 rd Floor	MENIC	
OIHO HO	Columbus OH 40015 0407	MERIF	ALBOADE
STATE MEDICAL OF OHIO 2012 MAY 29	Columbus, OH 43215-6127		AL BOARE

Prescribed: 5/--/2011



(Required pursuant to R.C. 2119.123)

1 Data DIL 100				
1. Date RU-486 was provided	1:	10	4	2011
		Month	Day	Year
2. Name of medical practice of PFN EO	or facility at whi	ch RU-486 was	provided:	
3. Address of medical practice	or facility at wi	nich RU-486 was	s provided:	
19550 Rocks				44146
4. Date post RU-486 event beg				
5. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Adverse	reaction to RU-486	Patier	nt hospitalized
Patient received a transfusion	Severe b	pleeding		
Other serious event (specify)	HEMATO	N ET NA		The Anna Control of the Control of t
6. Duration of event:1	Hours	Ø Days		
7. Remarks:				
8. a. Name of physician who pr	ovided RU-48	BAR. SI	TRAH SM	ITH
8. b. Physician's signature	Date	US)	Mp	M.D. / D.O
Send completed forms to:	State Medica	al Board of Ohio	,	
2012 MAY 29 PM 2: 15	Legal Depart 30 E. Broad S	ment	VIL	OICAL BOARD
STATE MEDICAL BOARD		H 43215-6127		1AY 29 2012

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

				Parameter Committee Commit
1. Date RU-486 was provided		L.L.	4	LOR
	ortifol	Month	Day	Year
2. Name of medical practice of	or facility at which	RU-486 was p	rovided:	
(reptual 00			uter	
3. Address of medical practice				
3,55 E. M	in Street	t Colum	NOUS Olio	43213
4. Date post RU-486 event be	gan: 4-12-	12		
5. Event(s) (Please check all t	hat apply):			
XIncomplete abortion	Adverse re	eaction to RU-486	Patient hos	spitalized
Patient received a transfusion	Severe ble	eeding		
Other serious event (specify) _	saandan kan kan san muuju, soo mee dekka ka kan maanaa ayaa ka ka kan kan kan kan kan kan kan kan	mainte divine C. Like and Belle C. St. 200 (200 C.		terceptual de la constitución de
6. Duration of event:	Hours 19	f Days		
7. Remarks:		eren er en er		Cachelle Anni Lanni Lann
8. a. Name of physician who p	provided RU-486		and the state of the	
8. b. Physician's signature	Date	My/	MKU MS 5/35/12	M.D. / D.O
Send completed forms to:	State Medica	I Board of Ohio	And in an all area to the first the first of	
- a contract to	Legal Depart	ment		
	30 E. Broad		& a	fude ga.
		H 43215-6127	one of the second	EDIGAL BOARI

MAY 3 1 2012

Prescribed: 5/--/2011



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	0.5	17	2012
	Month	Day	Year
2. Name of medical practice or facility	y at which RU-486 was pr	ovided:	
3. Address of medical practice or facil 25350 ROCKSIDE RD BEDFORD HEIGHTS, OH 44		rovided:	
4. Date post RU-486 event began: しーしー12			
5. Event(s) (Please check all that appl	y):		
Incomplete abortion	Adverse reaction to RU-486	Patient I	nospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
. Duration of event: Hour	s <u>Ø</u> Days		
. Remarks:	\sim	MENIA	'AL D.
		'v'LUIU	AL BOARD
		de de la companya de	1 3 2012
a. Name of physician who provided	RU-486 DAVID BUR	KUNS MD	
b. Physician's signature			M.D. / D.C
nd completed forms to: State	Date 4/4// V		
	Medical Board of Ohio		
	Department		
	Broad St., 3 rd Floor		
Colum	bus, OH 43215-6127		



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	:	5	29	12
		Month	Day	Year
Name of medical practice of	or facility at whic	h RU-486 was	provided:	
PPNEO				
3. Address of medical practice 25350 ROCILSIDE RD	or facility at whi	ich RU-486 wa	s provided:	
BEDFORD HTS, OH 44	146			
. Date post RU-486 event beg	gan:			
6-7-12				
. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient	hospitalized
Patient received a transfusion	Severe ble	eeding		
Other serious event (specify)				
. Duration of event:	_ Hours	∑ Days		
. Remarks:				
	/	/		
		1		
a. Name of physician who pro	vided RU486	DR. DAVID.	BURKINS	
b. Physician's signature	AX//		7	M D / D O
	Date_	4/6/		M.D. / D.O
nd completed forms to:	State Medical	Board of Ohio	3 8 200	
	Legal Departm		MEDICA	LBOARD
	30 E. Broad St			
	Columbus, OH			8 2012

(Required pursuant to R.C. 2119.123)

				anne de la companya
1. Date RU-486 was provided	*	05	160	20/2
		Month	Day	Year
2. Name of medical practice o			rovided:	
(ENTRAK	0/410	Woman's	(april	
3. Address of medical practice				
3/55 E. MA	B STILEE	T Cohu	MBUS, ON	0 43213
4. Date post RU-486 event beg	gan:	4		
	4-04-1	2		
5. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Adverse	reaction to RU-486	Patient h	ospitalized
Patient received a transfusion	Severe b	leeding		
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:			manthematica, a, abulica (et a) i del 2000 del 100 del 100 després del del accesso commune e a menera escrivada cultura (a del cultura del del cultura del cultura del cultura (a del cultura del cultura del cultura del cultura del cultura del cultura (a del cultura del cultu	
		0,10	abov.	
8. a. Name of physician who pi	rovided RU-48	6 CULU	nue Ca	ASW ML
8. b. Physician's signature		1/11	5	M.D. / D.O
o. b. / Hydiolal / o dig. later o	Date	·	111/12	
Send completed forms to:	State Medic	al Board of Ohio		
cond completed forms to:	Legal Depar		protection com-	NGAL BUARD
	•	St., 3 rd Floor		
		OH 43215-6127	43	UN 18 2012
	Columbus, C	JII TULIU-UILI		**

Ppt#16

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

Date RU-486 was provided:	1)	10	2011
	Month	Day	Year
Name of medical practice or facility	at which RU-486 wa	s provided:	
PPNEO			
3. Address of medical practice or facili	tv at which BLI-486 w	as provided:	
			61161
19550 ROCKSIDE	NO, 15ebron	AD, CH T	7/46
4. Date post RU-486 event began:	12/3/11		
5. Event(s) (Please check all that apply			
Incomplete abortion	Adverse reaction to RU-48	36 Patient	hospitalized
Patient received a transfusion S	Severe bleeding		
Other serious event (specify)	HUMETRA		
3. Duration of event:	s		
7. Remarks:			
- N	1		
. a. Name of physician who provided	RU-486DR	SALAH SMITT	-/
. b. Physician's signature		/	(M.D)/D.O
	Date	12	
end completed forms to: State I	Medical Board of Ohio	O .	AEDIOAL DOAGO
Legal	Department	and the second s	/IEDICAL BOARD
	Broad St., 3 rd Floor		JUN 19 2012
Colum	bus. OH 43215-6127	,	

Rpt 17

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

Date RU-486 was provided:	5	8	2017
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was pr	ovided:	
Planned Parenthood of	Northeast	0mo	
3. Address of medical practice or facility a	at which RU-486 was p	provided:	
25350 Rocheste Rd	Bedford	HIS OH	44146
4. Date post RU-486 event began:	V		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	verse reaction to RU-486	Patient	hospitalized
Patient received a transfusion Sev	vere bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RC	J-486 Jand Bu	1/Lons C	10
8. b. Physician's signature	Date		M.D. / D.O
Send completed forms to: State Me	edical Board of Ohio		/EDICAL DO

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

JUN 28 2012



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provide	d:	66	07	2012
		Month	Day	Year
2. Name of medical practice	or facility at whi	ch RU-486 was	provided:	
PPNEO				
3. Address of medical practice 25350 Rocks is		hich RU-486 wa	as provided:	
BEDFORD HEIGH	3, OH 44	f146		
4. Date post RU-486 event be	egan:			
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse	reaction to RU-48	6 Patien	t hospitalized
Patient received a transfusion	Soveral	hlaadina		
- T alient received a transidsion	Savale I	oicounty		
Other serious event (specify)				
Other serious event (specily) _				
C Division of	A	1 -		
6. Duration of event:	Hours	Days		
7. Remarks:				
8. a. Name of physician who p	provided BLM	6 DR/BA	WID BURK	
	-A		7	
8. b. Physician's signature		13/21	1/1	M.D. / D.O
	Date	(2)		
Send completed forms to:	State Medic	al Board of Ohi	0	
	Legal Depar	rtment		
	- ,	St., 3 rd Floor	ME	DICALBOARD
	Columbus, (OH 43215-6127	7	JUL 9 % 2012
				JUL TO ZUIZ

Rept 19



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:		04	15	12
		Month	Day	Year
2. Name of medical practice o	r facility at whic	h RU-486 wa	as provided:	
Preferm				
		1.1. DII. 400.		
3. Address of medical practice				
12000 Shaker Bl	id. Clevi	e. OH	44120	
4. Date post RU-486 event beg				
5. Event(s) (Please check all th	at apply):			
Incomplete abortion	Adverse r	reaction to RU-	186 Patien	t hospitalized
Patient received a transfusion	Severe bl	leeding		
Other serious event (specify)		t		
6. Duration of event: 2	Hours	Days		
7. Remarks: Abortion completed	surgically.	9/8/12, m	further con	plication.
8. a. Name of physician who pr	ovided RU-486	6 Rebeck	a Lowertha	, u.b.
8. b. Physician's signature	Date	approximation of the second	R	M.D D.O
Send completed forms to:	State Medica	al Board of C	hio	
	Legal Depar	tment		
	_	St., 3 rd Floor		MEDICAL ROAF

Columbus, OH 43215-6127

SEP 2 4 2012

Prescribed: 5/--/2011

Rept 20



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	08	30	2012
	Month	Day	Year
2. Name of medical practice or facility a	at which RU-486 was pr	ovided:	
Areterm			
METERN			
3. Address of medical practice or facility	at which RU-486 was	orovided:	
12000 Shaker Blud.	Cleve . OH	44120	
4. Date post RU-486 event began:	7/12/12		
5. Event(s) (Please check all that apply)			
Incomplete abortion Ac	dverse reaction to RU-486	Patient	hospitalized
Patient received a transfusion Se	evere bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
Abortion completed suggestly	Je 9/12/12, no for	ther couple	ication.
8. a. Name of physician who provided F	RU-486 <u>Lisa P</u> e	estiera, M.	<u> </u>
8. b. Physician's signature		/	M.D. /)D.O
o. D. Physician's signature	Date 9/14/13		W.D. 70.0
Send completed forms to: State I	Medical Board of Ohio		
	Department		night to
•	Broad St., 3 rd Floor		JICAL BOARD
	bus, OH 43215-6127	* No. 1	CED 9.4 7012



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:	Oct	4	2011
	Month	Day	Year
2. Name of medical practice or facility at w	hich RU-486 was pr	ovided:	
Planned Parenthood of	Northeast	Oho	
3. Address of medical practice or facility at	which RU-486 was	provided:	
19550 Rockside Rd	Bedfor	d of	44146
4. Date post RU-486 event began:			
5. Event(s) (Please check all that apply):			
Incomplete abortion Adver	se reaction to RU-486	Patien	t hospitalized
Patient received a transfusion Sever	e bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: in clusion in the			
7. Remarks: in-clinic suchin	Acostanen A	VIENOUT CO	suppration
for failed i	Medituhis abu	HIV	
	and the second second		
8. a. Name of physician who provided RU-	486 V SV	WE MO	
8. b. Physician's signature	ate	118/11	M.D.) D.O
Send completed forms to: State Med	lical Board of Ohio		<u>, </u>
Legal Dep	artment		
30 E. Broa	ad St., 3 rd Floor	骸 7× m	Nord Alama

Columbus, OH 43215-6127

Prescribed: 5/--/2011

MEDICAL BOARD

NOV 1 4 2011



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provide	ed:	3	(0	2012
		Month	Day	Year
2. Name of medical practice				
Planned Parent	nood of	Northear	+ Ohio	
3. Address of medical practic	e or facility at w	hich RU-486 was	s provided:	
25350 Rockende		ed Gord Hts		(6
4. Date post RU-486 event b	•			
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)	7977 1			
6. Duration of event:	Hours	Days		
7. Remarks:				
8. a. Name of physician who	orovided RU-48	86 Sarah K	Smith M	D
8. b. Physician's signature	-/XV			M.D. / D.O
	Date	3/2-	7/12-	
Send completed forms to:	State Medic	al Board of Ohio	NATO:	C
	Legal Depa	rtment		EAL BOARD
	30 E. Broad	St., 3 rd Floor	AP	GAL BOARD
	Columbus. (OH 43215-6127		- William



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	3	7	2012
	Month	Day	Year
2. Name of medical practice or facility a	t which RU-486 was pro	vided:	
Planned Parenthood of	& Normeast	Olio	
3. Address of medical practice or facility	at which RU-486 was pr	ovided:	
25350 Rockende Rd	Bed ford H		44146
4. Date post RU-486 event began: 3/20/12			
5. Event(s) (Please check all that apply):			
Ad	verse reaction to RU-486	Patient h	ospitalized
Patient received a transfusion Se	vere bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RI	J486 DAMA & BUV	hone M.	\cap
8. b. Physician's signature	Date 3/26//		M.D. / D.O
Send completed forms to: State M	edical Board of Ohio	ž .	4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Legal D	epartment	Con Life	UHL DUND
	road St., 3 rd Floor	AF	PR - 5 2012
	us, OH 43215-6127		· · · · · · · · · · · · · · · · · · ·



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:		3	21	2017
		Month	Day	Year
2. Name of medical practice or fa	cility at whic	h RU-486 was pr	ovided:	
Planned Parentnoo	d of N	Jonneart	Ohio	
3. Address of medical practice or	facility at wh	ich BU-486 was r	orovided:	
25350 Rockende Ro Beaford Hts OH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4. Date post RU-486 event began	: / 1			
	4/14/12			
5. Event(s) (Please check all that	apply):			
Incomplete abortion	Adverse r	eaction to RU-486	Patient	hospitalized
Patient received a transfusion	Severe bl	eeding		
Other serious event (specify)	·			
6. Duration of event:	Hours	Days		
7. Remarks:				
Tri violitanto.				
8. a. Name of physician who provi	d ę d⊿RU-486	Sarah	k Shut	n MD
8. b. Physician's signature	//////	3	1	M.D)/ D.O
	Date_	The	1/2	(W.D) 7 D.O
		119-1	<i>H</i>	
·		I Board of Ohio		
	.egal Departi			
	80 E. Broad S			SALBOARD
(Columbus, O	H 43215-6127		
			W	Y 0 4 2012

Prescribed: 5/--/2011



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	d:	2	19	12/
		Month	Day	Year
2. Name of medical practice	or facility at which	ch RU-486 was	s provided:	
Planned Parenthe			· · · · · · · · · · · · · · · · · · ·	
L fluring a railwork vil	iva of No	on neugr	OVVO	
3. Address of medical practice	or facility at wh	nich RU-486 w	as provided:	***************************************
25350 Rochende	~ •		ts 6H 441	46
4. Date post RU-486 event be リルル		U		
5. Event(s) (Please check all t	that apply):			
✓ Incomplete abortion	Adverse	reaction to RU-48	Patient	hospitalized
Patient received a transfusion	Severe b	oleeding		
Other serious event (specify) _				
6. Duration of event:	Hours	Days		
7. Remarks:				
7. Hemaiks.				
		<u>//</u>		
8. a. Name of physician who p	rovided RU-486	5 David	MBVMMS	MD
8. b. Physician's signature _	1///			M.D. / D.O
	Date		4/19/12	W.D. 7 D.O
Send completed forms to:	State Medica	al Board of Ohi	0	
	Legal Depart	tment		naaqq
	30 E. Broad	St., 3 rd Floor		ALBOARD
)H 43215-612	7 MA	y 0 4 2012



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided		3	13	2012
		Month	Day	Year
2. Name of medical practice of	or facility at whic	h RU-486 was	provided:	
Planned Parentho	od of N	orheags	Ohio	
3. Address of medical practice		ich RU-486 was	s provided:	
Bedford Hts 01	ka H <u>44/46</u>)		
4. Date post RU-486 event beg	gan: 4/5/12			
5. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Adverse r	reaction to RU-486	Patlent	hospitalized
Patient received a transfusion	Severe bl	leeding		
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:				
		2	,	
8. a. Name of physician who pr	ovided RU-486	Sarah K	South	MD
8. b. Physician's signature	Date	L 5/1/1.	2	M.D. / D.O
Send completed forms to:	State Medica	I Board of Ohio		
	Legal Depart	ment		MEDIGAL BGARD
	30 E. Broad S	St., 3 rd Floor		ALUSA TORONTO
	Columbus, O	H 43215-6127		WAY 0 4 2012

Rypot #47



State Medical Board of Ohio Report of RU-486 Event MEDICAL BUARD

(Required pursuant to R.C. 2119.123)

SEP 1 0 2012

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	June	12	2012
	Month	Day	Year
2. Name of medical practice or facility at which	ch RU-486 was pro	ovided:	
Planned Parenthood of No	Wheast On	no	
3. Address of medical practice or facility at who 26360 Rockerse for Bedford ##5,01	nich RU-486 was p	rovided:	
4. Date post RU-486 event began:	,		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse	reaction to RU-486	Patient h	ospitalized
Patient received a transfusion Severe b	leeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-48	6 Savoux	Smith	MO
8. b. Physician's signature Date	91411		M.D.// D.O
Send completed forms to: State Medica	al Board of Ohio		
Legal Depar	tment		
30 E. Broad	St., 3 rd Floor		

Columbus, OH 43215-6127

State Medical Board of Ohio MEDICAL BOARD Report of RU-486 Event NOV 3 0 2012

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provide	d: 9 /2 /1.
	Month Day Year
2. Name of medical practice	or facility at which RU-486 was provided:
CYENTRAL OLGO	Woman's Care
3. Address of medical practice	e or facility at which RU-486 was provided:
3755 E.M.	AN STREET COL'S, Oh. 4343
4. Date post RU-486 event be	egan:
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: 2	Hours Days
7. Remarks: Pt u	e aboutin.
8. a. Name of physician who p	provided RU-486 A Reder
8. b. Physician's signature	M.D. 49.0
,	Date 10/12/12
Send completed forms to:	State Medical Board of Ohio
	Legal Department
	30 E. Broad St., 3 rd Floor
	Columbus, OH 43215-6127



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	:	July	3	2012
		Month	Day	Year
2. Name of medical practice o	r facility at which	RU-486 was p	provided:	
Planned Parenthood	l of Greater	- Onio		
3. Address of medical practice 25350 Rockside	2 Kd	n RU-486 was	s provided:	
Bedford Hts, Ot	4 44146			
4. Date post RU-486 event beg	jan:			
7/19/2012				
5. Event(s) (Please check all the	at apply):			
Incomplete abortion	Adverse rea	ction to RU-486	Pa	tient hospitalized
Patient received a transfusion	Severe bleed	ding		
Other serious event (specify)				
6. Duration of event:	Hours	Days	j ·	
7. Remarks:				
	/			
8. a. Name of physician who pro	ovided AU-486	David Bu	rkons, M	D
8. b. Physician's signature	$(\mathcal{X}/)$	7 ,	/ /	
	pate_		8/13	M.D. / D.O
Send completed forms to:	State Medical B	oard of Ohio		
	Legal Departme	nt	Ma distribution of	*** 6 dillo
	30 E. Broad St.,	3 rd Floor	ME	DICALBOARD
	Columbus, OH			JAN 2 4 2013



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

Month Day Year	1. Date RU-486 was provided:		Δ	_	
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood of Greater Onio 3. Address of medical practice or facility at which RU-486 was provided: 25350 Pockside Rd, Bedford Htts, OH 44146 4. Date post RU-486 event began: 9 15 2012 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 David Burkens, MD B. b. Physician's signature M.D. D.O Date Date	1. Date 110-400 was provided.		August	30	2012
Planned Parenthood of Greater Onio 3. Address of medical practice or facility at which RU-486 was provided: 25350 Pockside Rd, Bedford Htts, Ott 44146 4. Date post RU-486 event began: 9/15/2012 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 Patient Burkens, MD 8. b. Physician's signature M.D. D.O Date Date		·····	Month	Day	Year
3. Address of medical practice or facility at which RU-486 was provided: 25350 FOCKSTOLE Rd., Bedford Htts, OH 44146 4. Date post RU-486 event began: 9 15 2012 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 Patient hospitalized Days M.D./ D.O Date M.D./ D.O	2. Name of medical practice or	facility at whic	ch RU-486 was pro	vided:	
3. Address of medical practice or facility at which RU-486 was provided: 25350 FOCKSTOLE Rd., Bedford Htts, OH 44146 4. Date post RU-486 event began: 9 15 2012 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 Patient hospitalized Days M.D./ D.O Date M.D./ D.O	Planned Parenthood	of Greater	Ohio		
253 So Fockside Rd , Bedford Hts, OH 44146 4. Date post RU-486 event began: 9 15 2.012 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 pavid Burkons , MD 8. b. Physician's signature M.D./ D.O Date Date					
4. Date post RU-486 event began: 9 15 2.012 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 Date M.D./D.O Date	3. Address of medical practice o	r facility at wh	nich RU-486 was pr	ovided:	
4. Date post RU-486 event began: 9 15 2.012 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 David Burkons , M.D. B. b. Physician's signature M.D./ D.O. Date Date	1				
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 pavid Burkons, MD B. b. Physician's signature M.D./ D.O Date Date		90/19/07	11.57	(•	
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 Burkons , MD 8. b. Physician's signature M.D. D.O Date	4. Date post RU-486 event bega	ın:			ette viininiste teletinin open da hattaan maan on van storen kirja did a skil muur (van on van van skilan en maan va
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 Burkons , MD 8. b. Physician's signature M.D. D.O Date					
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 David Burkons, MD 8. b. Physician's signature M.D./ D.O Date	<u> </u>	it apply):			
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 David Burkons, MD 8. b. Physician's signature M.D./ D.O Date					
Other serious event (specify)	Incomplete abortion	Adverse	reaction to RU-486	Patient h	ospitalized
Other serious event (specify)					
6. Duration of event: Hours Days 7. Remarks: 8. a. Name of physician who provided RU-486 David Burkons, MD 8. b. Physician's signature Date M.D./ D.O	Patient received a transfusion	Severe b	leeding		
6. Duration of event: Hours Days 7. Remarks: 8. a. Name of physician who provided RU-486 David Burkons, MD 8. b. Physician's signature Date M.D./ D.O	<u>:</u>	ų			
7. Remarks: 8. a. Name of physician who provided RU-486, David Burkons, MD 8. b. Physician's signature Date Date	Other serious event (specify)		ş.		
7. Remarks: 8. a. Name of physician who provided RU-486, David Burkons, MD 8. b. Physician's signature Date Date					
7. Remarks: 8. a. Name of physician who provided RU-486 David Burkons, MD 8. b. Physician's signature Date Date	6 Duration of event:	Hours	Dave		
8. a. Name of physician who provided RU-486 David Burkens, MD 8. b. Physician's signature Date Date	or Daration of Oront.	_ 1.0013 _1_3	Days		•
8. a. Name of physician who provided RU-486 David Burkens, MD 8. b. Physician's signature Date Date					
8. b. Physician's signature Date Date	7. Hemarks:		1		
8. b. Physician's signature Date Date	:				
8. b. Physician's signature Date Date	i		1		
8. b. Physician's signature Date Date		/_/			
Date	8. a. Name of physician who pro	vided RU-486	David Burk	ons, MD	
Date	8. b. Physician's signature	/\//	// /,	1	MD4DO
	,		F170	7/1/7	
Send completed forms to: State Medical Board of Ohio		Date	- 1/17		
	Send completed forms to:	State Medica	ll Board of Ohio		
Legal Department MEDICAL DOLLAR		Legal Depart	ment	MENIA	£ 200
Legal Department MEDICAL BOARD 30 E. Broad St., 3 rd Floor				IVILLE LINE	LEUARD
Columbus, OH 43215-6127 JAN 2 4 2013				JAN 9	4 2010



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	Sept	18 2012
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:
Planned Parentho	d of Greater Onio	
· ·	facility at which RU-486 was provid	
25350 Rockside Rd	, Bedford Hts, OH 4	4146
4. Date post RU-486 event began	y.	
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: I	lours Days	
7. Remarks:		
,		
8. a. Name of physician who provide	ded RU-486 <u>Sarah Smit</u>	h, MD
8. b. Physician's signature		M.D. / D.O
or s. r myoronam o orgination	pare 1/15/13	WI.D. 7 D.
Send completed forms to:	state Medical Board of Ohio	
	egal Department	Will State of the Control of the Con
	0 E. Broad St., 3 rd Floor	MEDICAL BOARD
	olumbus, OH 43215-6127	JAN 2 4 2013
	I .	100



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	10	31 2012
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNED PARENTHOO	B OF GREATER 6HT	0
2 Address of madical practice or	acility at urbinb DLL 496 was arrayi	
3. Address of medical practice or f	•	aea:
BEDFORD HTS, OH I		
4. Date post RU-486 event began:		
11/16/12		
5. Event(s) (Please check all that	apply):	от не на на на на при при при при при на от По времен по почени при от при по до на при по на положени на прин По при
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
moomplote abouton	Advoise reaction to 110-400	- Tallett 1105pitalized
Patient received a transfusion	Severe bleeding	
Other serious event (specify)	FERRON	
6. Duration of event:	Jours 14 Days	
o. Default of oronic	July July S	
7. Remarks: TREATED WITH	On AD GLODGE WILL	0.011
Thomasio. Then tes with	po main biorres x 14	DAYS
8. a. Name of physician who provin	ded RU-486 DN DAVID B	upicons, M.D.
8. b. Physician's signature	ATTICA	M.D.) D.O
o. b. i riyalolari a algirature	1/14/12	(VI.D.// D.O
	Date/// 7//	
Send completed forms to:	tate Medical Board of Ohio	
, , , , , , , , , , , , , , , , , , ,	egal Department	MEDICAL BOARD
3	0 E. Broad St., 3 rd Floor	JAN 3 4 2013
O	olumbus, OH 43215-6127	auli 0 2 (01)



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	10	17 2012
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNED PAREN	THOOD OF GREATER	0 th 0
O Address of modical practice or	facility at which DLL 400 was provi	dad.
25350 ROULSIDE	facility at which RU-486 was provided to the control of the contro	dea:
BEDFORD HTS, OH	44146	
4. Date post RU-486 event began		·
11-8-12		
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)		
Other serious event (specify)		
6. Duration of event:	Hours Days	
7. Remarks:		
		No.
		of the fall of the second seco
		14/15 01
8. a. Name of physician who provi	ded RU-486 DA DAVID (unicons, MD
8. b. Physician's signature		M.D. / D.O
	Date	d
	/ Date /// V//	
Send completed forms to:	state Medical Board of Ohio	The second section is a second
·	egal Department	
	30 E. Broad St., 3 rd Floor	MEDICAL BOARD
	Columbus, OH 43215-6127	
	2014111540, 011 70210-0127	JAN 2 4 2013
	,	a contract of the contract of



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		8	2012
	Month	Day	Year
2. Name of medical practice or fa	acility at which RU-486 was provide	d:	
PLANNED PARENT	HOOD OF GREATER	Otho	
3. Address of medical practice or	facility at which RU-486 was provide	ded:	k May (Miller Him the de le des Medies de ministrative de mes el especialment de la companya de la companya de
25350 RECKSIDE	- RO, BEDFORD ITT	3, 0H	44146
4. Date post RU-486 event began	2		
5. Event(s) (Please check all that	apply):	`	
Incomplete abortion	Adverse reaction to RU-486	Patient hospit	alized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours3_ Days		
7. Remarks:			
	,	- Angeleria estados	
:			
		W. Carlotte	
8. a. Name of physician who prov	ided RV-486 DR DAVIV	BULKONS	; MD
8. b. Physician's signature	Date // O	7	(M.D./D.O
Send completed forms to:	State Medical Board of Ohio		
	egal Department	MEDIC	ALBOARD
	30 E. Broad St., 3 rd Floor		
	Columbus, OH 43215-6127	JAI	1 2 4 2013
	, , , , , , , , , , , , , , , , , , , ,		



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		14 2012
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNED PARENTHOOD	OF GREATER OTHO	
3 Address of medical practice or t	acility at which RU-486 was provide	ded:
25350 ROCKSIDE RO	,	
BEDFORD HTS, OH 41	1146	
4. Date post RU-486 event began		
11/30/12		
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)	MATOMETRA TREATED U	ITH REASPINATION
6. Duration of event:	lours <u>&</u> Days	
7. Remarks:	•	
8. a. Name of physician who provi	ded BUASS DE DAVID	BURKONS, MD
8. b. Physician's signature		(M.D.) D.O
	1/14/19	
	D'ate///5///	
Send completed forms to:	tate Medical Board of Ohio	
L	egal Department	
3	0 E. Broad St., 3 rd Floor	MEDICAL BOARD
	Olumbus, OH 43215-6127	
		JAN 2 4 2012



(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	10	17 2012
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:
PLANNED PARENTHOOD	OF GREATER OHO	
3. Address of medical practice or 25350 ROULSIDE R BEDFOND HTS, OH 4		ded:
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 <u>2</u> Days	
7. Remarks:		
7. Nemarks.		
8. a. Name of physician who provi	ded RU-486 AR DANG	BUPICONS, M.D.
8. b. Physician's signature		M.D. / D.O
	Date	1/18/13
	State Medical Board of Ohio egal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	MEDICAL BOARD JAN 2 4 2013
	•	ger-property

Prescribed: 5/--/2011



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		GREENAL OFF	2012
	Month	Day	Year
2. Name of medical practice or facility at v	vhich RU-486 was provi	ded:	
2. Address of modical prostice on facility at	which DII 400 was and	ما ما ما ما	
3. Address of medical practice or facility at			
12000 Shaker Blvd.	Cleveland	OH 441	20
4. Date post RU-486 complication began:	1/2/13		
5. Event(s) (Please check all that apply):			
Incomplete abortion Ac	lverse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe blee	eding		
Other serious event (specify)			de state of the st
6. Duration of event: Hours	7 Days	·	
7. Remarks: Abortion completed 5	urgically on	1/9/13, no :	futher plication.
8. a. Name of physician who provided RU-4	186 <u>Mohan</u>	mad Reza	<u> </u>
8. b. Physician's signature	Date	1/22/13	D.O
Send completed forms to: State N	Medical Board of Ohio		
Legal Departn	nent	AACT 17	
30 E. Broad St	., 3 rd Floor		ALBOARD
Columbus, OF	43215-6127		28 2013



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	7	17 12
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNED PARENTH	OOD OF GREATEN G) H O
3. Address of medical practice or	facility at which RU-486 was provide	ded:
25350 ROCKSWE 1	LO, BEDFORD HTS, OH	44146
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:	4	The same of the sa
		APR 1 5 2013
8. a. Name of physician who provide	ded RU-486 Dn SARAH	
8. b. Physician's signature		M.D. / D.O
,	Date	7//3
Send completed forms to:	tate Medical Board of Ohio	
L	egal Department	
3	0 E. Broad St., 3 rd Floor	
C	olumbus, OH 43215-6127	



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	2	19 13
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
	MOOD OF GREATER O	
para de la constanta de la con	And on the Co	
3. Address of medical practice or f	acility at which RU-486 was provid	ded:
25350 ROULS, DE RO,	BEDFORD It'S, OH 44/141	o
4. Date post RU-486 event began:	3/4/13	
5. Event(s) (Please check all that a	apply):	
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion	Severe bleeding	
Other serious event (specify)		
6. Duration of event:	lours Days	Marine
7. Remarks:	4	APR 1 5 2013
8. a. Name of physician who provide	led RU-486) Dr SAMA	LENGEN
8. b. Physician's signature	Date	M.D./D.O
Send completed forms to: S	tate Medical Board of Ohio	
	egal Department	
	DE. Broad St., 3 rd Floor	
	olumbus, OH 43215-6127	
	oldifibus, Off 45215-012/	



(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	2	5 2013
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNED PARENTH	ODD OF GREATEN G) HO
3. Address of medical practice or	acility at which RU-486 was provid	ded:
25350 ROCKSIDE 1	LO, BEDFORD HTS, OH	44146
4. Date post RU-486 event began	2-22-13	
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:	lours Days	
7. Remarks:		
8. a. Name of physician who provide	ded AU-486 <u>On SANAH</u>	LENGEN
8. b. Physician's signature	Date	M.D./D.O
Send completed forms to:	tate Medical Board of Ohio	
L. L.	egal Department	MEDICA
	0 E. Broad St., 3 rd Floor	AL BOARD
	Columbus, OH 43215-6127	MEDICAL BOARD APR 1 5 2013
		Samuel Control of Cont

Prescribed: 5/--/2011



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	2	26 2013
	Month	Day Year
2. Name of medical practice or fa	acility at which RU-486 was provide	ed:
PLANNED PARENTH	OOD OF GREATER O	H0
3. Address of medical practice or	facility at which RU-486 was provi	ded:
25350 ROCKSIDE.	RO, BEDFORD HTS, OH	44146
4. Date post RU-486 event begar	3-14-13	
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	
7. Remarks:		APR 15 2013
8. a. Name of physician who provi	ided RU-486 DR SARAH	LENGEN /
8. b. Physician's signature	Date 49/	M.D./D.O
;	State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	

report#42

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:	/23	27	2013
	Month	Day	Year
2. Name of medical practice or facility at which R	U-486 was provid	ed:	
3. Address of medical practice or facility at which	RU-486 was provi	ded:	
12000 Shaker Blod.	Clevelone	(OH	44120
4. Date post RU-486 complication began:	9/13		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse re	eaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe bleeding			
Other serious event (specify)			N. Davidson, Const. State Comm.
6. Duration of event: Hours/	_ Days		
7. Remarks: Abortion completed surgically	on 4/20/	13, no fu	and the same of th
8. a. Name of physician who provided RU-486 8. b. Physician's signature Date	Mohams 4,24.	ned Rez	
Send completed forms to: State Medical	Board of Ohio		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

APR 29 2013