Report #136

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:	10	17	2012
	Month	Day	Year

2. Name of medical practice or facility at which RU-486 was provided:
PLANNED PARENTHOOD OF GREATER OHIO

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HTS, OH 44146

4. Date post RU-486 event began:
10/27/12

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: 8 Hours 3 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR DAVID BURGONS, M.D.

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

Date 1/18/13

Send completed forms to:

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

Prescribed: 5/--/2011

Report # 35

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:	11	14	2012
	Month	Day	Year

2. Name of medical practice or facility at which RU-486 was provided:
PLANNED PARENTHOOD OF GREATER OHIO

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HTS, OH 44146

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) HEMATOMETRA TREATED WITH ASPIRATION

6. Duration of event: <1 Hours 8 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR DAVID BURKONS, MD

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

Date 1/18/13

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

Prescribed: 5/--/2011

Report #34

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:	11	8	2012
	Month	Day	Year

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

PLANNED PARENTHOOD OF GREATER OHIO

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

25350 ROCKSIDE RD, BEDFORD HTS, OH 44146

4. Date post RU-486 event began:

11/27/12

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: 0 Hours 3 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR DAVID BURKONS, MD

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

Date 1/8/13

Send completed forms to:

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

Prescribed: 5/--/2011

Report #33

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:	10	17	2012
	Month	Day	Year

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

PLANNED PARENTHOOD OF GREATER OHIO

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

25350 ROCKSIDE RD

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) _____

6. Duration of event: 1 Hours 0 Days

7. Remarks:

8. a. Name of physician who provided RU-486 Dr DAVID BURKONS, MD

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

Date 1/16/12

Send completed forms to:

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

Prescribed: 5/--/2011

Report #32

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:	10 (Month) 31 (Day) 2012 (Year)
2. Name of medical practice or facility at which RU-486 was provided:	PLANNED PARENTHOOD OF GREATER OHIO
3. Address of medical practice or facility at which RU-486 was provided:	25350 ROCKSIDE RD BEDFORD HTS, OH 44146
4. Date post RU-486 event began:	11/16/12

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) INFECTION

6. Duration of event: 8 Hours 14 Days

7. Remarks: TREATED WITH PO ANTIBIOTICS x 14 DAYS

8. a. Name of physician who provided RU-486 Dr David Burkons, M.D.

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

Date 1/16/13

Send completed forms to:

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

Report #30

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: August (Month) 30 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd, Bedford Hts, 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 1 ~~3~~ error 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 1/18/13

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

Report #29

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: July (Month) 3 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd
Bedford Hts, OH 44146

4. Date post RU-486 event began:
7/19/2012

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 1 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 1/18/13

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

Prescribed: 5/--/2011

Report #25

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 (Month) 29 (Day) 12 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd Bedford Hts OH 44146

4. Date post RU-486 event began:
4/13/12

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: 1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 David M Burkons MD

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

Date 4/19/12

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

MEDICAL BOARD
MAY 04 2012

Prescribed: 5/--/2011

Report #23

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 (Month) 7 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd Bedford Hts OH 44146

4. Date post RU-486 event began:
3/20/12

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: 1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 David Burnons MD

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

Date 3/26/12

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

STATE MEDICAL BOARD
APR - 5 2012

Prescribed: 5/--/2011

Rpt 18

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: 06 (Month) 07 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HEIGHTS, OH 44146

4. Date post RU-486 event began:
6-21-12

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: Ø Hours 1 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR DAVID BURKONS

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

Date 6/27/12

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

Prescribed: 5/--/2011

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

1. Date RU-486 was provided: 5 (Month) 8 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd Bedford Hts OH 44146

4. Date post RU-486 event began:
6/15/12

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: 1 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 _____

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

MEDICAL BOARD
JUN 28 2012

Prescribed: 5/--/2011

Rept #14

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: 5 (Month) 29 (Day) 12 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HTS, OH 44146

4. Date post RU-486 event began:
6-7-12

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: 1 Hours Ø Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR. DAVID BURKONS

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

Date 6/8/12

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

Rept # 13

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) 17 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HEIGHTS, OH 44146

4. Date post RU-486 event began:
6-6-12

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: 1 Hours 0 Days

7. Remarks:

MEDICAL BOARD
MAY 1 3 2012

8. a. Name of physician who provided RU-486 DAVID BURKONS, MD

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

Date 4/6/12

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

Prescribed: 5/--/2011

Rept #9

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: 12 (Month) 01 (Day) 2011 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
19530 ROCKSIDE RD, BEDFORD, OH 44146

4. Date post RU-486 event began:
12/15/11

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

✓ Incomplete abortion
___ Adverse reaction to RU-486
___ Patient hospitalized
___ Patient received a transfusion
___ Severe bleeding
✓ ~~Other serious event (specify) HEMATOMETRA~~ error

6. Duration of event: 0 Hours 13 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR. DAVID BURKONS

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

Date 5/4/12

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

2012 MAY 29 PM 2:15
STATE MEDICAL BOARD OF OHIO

MEDICAL BOARD
MAY 29 2012

Prescribed: 5/--/2011

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 provided: 01 (Month) 19 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
19550 ROCKSIDE RD. BEDI

4. Date post RU-486 event began:
2/17/12

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: 1 Hours 8 Days

7. Remarks:
Pt never returned for F/U so don't know if completed on her own

8. a. Name of physician who provided RU-486 DR. DAVID BURKONS

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

Date 5/16/12

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

2012 MAY 29 PM 2:15
STATE MEDICAL BOARD OF OHIO

MEDICAL BOARD
MAY 29 2012

Prescribed: 5/--/2011

✓ Rept #5

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: 12 (Month) 27 (Day) 11 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
19660 Rockside Rd Bedford OH 44146

4. Date post RU-486 event began:
1/11/12

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: 2 Hours _____ Days

7. Remarks: D&C for persistent sac

8. a. Name of physician who provided RU-486 David Burkons MD

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

Date 1/26/12

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

Prescribed: 5/-/2011

✓ Rept #3

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: July (Month) 12 (Day) 2011 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
19550 Rockside 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
✓ Patient received a transfusion
✓ Severe bleeding
___ Other serious event (specify) _____

6. Duration of event: 35 Hours _____ Days
per pt report

7. Remarks:

8. a. Name of physician who provided ~~RU-486~~ David Burkons, MD

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

Date 9/2/11

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

Prescribed: 5/--/2011