

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: 03 27 2013  
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:  
12000 Shaker Blvd. Cleveland OH 44120

4. Date post RU-486 complication began:  
4/19/13

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 1 Days

7. Remarks:  
Abortion completed surgically on 4/20/13, no further complication.

8. a. Name of physician who provided RU-486 Mohammed Rezak  
8. b. Physician's signature [Signature] MD/DO  
Date 4.24.13

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

MEDICAL BOARD

APR 29 2013

Report #37

# 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: 12 / 11 / 2012  
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:  
12000 Shaker Blvd. Cleveland OH 44120

4. Date post RU-486 complication began:  
1/2/13

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: 7 <sup>hours</sup> Hours 7 Days

7. Remarks:  
Abortion completed surgically on 1/9/13, no further complications.

8. a. Name of physician who provided RU-486 Mohammed Rezaee

8. b. Physician's signature [Signature] M.D./D.O.  
 Date 1/22/13

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

MEDICAL BOARD  
 JAN 28 2013