

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 / 10 / 2012
Month Day 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:
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 Carson, MD

8. b. Physician's signature [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 15 2012

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:	<u>March</u>	<u>19</u>	<u>2012</u>
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided:	<u>Central Ohio Women's Center</u>		
3. Address of medical practice or facility at which RU-486 was provided:	<u>3255 East Main St Columbus, OH</u>		
4. Date post RU-486 event began:			
5. Event(s) (Please check all that apply):			
<input checked="" type="checkbox"/> Incomplete abortion	<input type="checkbox"/> Adverse reaction to RU-486	<input type="checkbox"/> Patient hospitalized	
<input type="checkbox"/> Patient received a transfusion	<input type="checkbox"/> Severe bleeding		
<input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: _____ Hours _____ Days			
7. Remarks:			
8. a. Name of physician who provided RU-486	<u>Catherine Cousins</u>		
8. b. Physician's signature	<u>[Signature]</u>	M.D. / D.O.	
	Date	<u>5/14/12</u>	

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MEDICAL BOARD
MAY 24 2012