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

14. Data Dili 100 accessors into	4.	11	anamatan and salah s
1. Date RU-486 was provide	U.		20/2
	Month	Day	Year
2. Name of medical practice		was provided:	
(repeval 0	hid Women's	('ester	
3. Address of medical practice	e or facility at which RU-48	36 was provided:	the state of the s
		£	1171 10
1155 8. M	ain Street 1	OLUM DUS DUE) 43213
4. Date post RU-486 event be	egan: 4-12-12		
5. Event(s) (Please check all	that apply):	Addition of the State of the St	and the control of th
Incomplete abortion	Adverse reaction to I	RU-486 Patient ho	ospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)		ran jaman ma <mark>niminin s</mark> a aki afa safa jaja saja, sa kanima kanima maki di difili dika 12. 12. 12. 12. 12. 12. 12.	
and the state of t			
6. Duration of event:	Hours 14 Day	's	
7. Remarks:	de come communicación de la diferención de la companya de la companya de la companya de la companya de la comp		
had in a consideración con consideración accidental de consideración de co			
8. a. Name of physician who [provided RU-486	I m/2	**************************************
8. b. Physician's signature		/ / MAJUL MIS	M.D. / D.O
	Date/	-(5/30//2	
Send completed forms to:	State Medical Board of	of Ohio	
·	Legal Department	•	
	30 E. Broad St., 3 rd FI	oor s	t Branches
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			o 4 < 1015

Clp1x# 28

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

(Required pursuant to R.C. 2119,123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	d:	9	12	12
		lonth	Day	Year
2. Name of medical practice	or facility at which R	U-486 was pro	vided:	
CYENTRAL OLGO	WM GO'S	Care	THE TOTAL CONTRACT OF THE STREET	
3. Address of medical practic	e or facility at which	RU-486 was pr	ovided:	
3755 G.M.	AN STREET	COL'5, C	na. 43.	43
4. Date post RU-486 event be		,		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse react	ion to RU-486	Patient ho	espitalized
Patient received a transfusion	Severe bleedi	ng		
Other serious event (specify)				
6. Duration of event: 24	f Hours	Days		
	e aborta	~	رمرصي	-le-te
				2017
8. a. Name of physician who p	provided RU-486	27- X	eder	
8. b. Physician's signature		1160		M.D. (40.0
	Date	10/12/	12,	
Send completed forms to:	State Medical B	oard of Ohio	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2: 00
	Legal Departme	nt		3
	30 E. Broad St.,			
	Columbus, 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-466

Date RU-486 was provided:	Jonuary 1	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
2. Name of medical practice of	r facility at which RU-486 was provided:	
Central Ohio Wo	men's Center	
3. Address of medical practice	or facility at which RU-486 was provided	1;
3255 East Maiv 4. Date post RU-486 event beg	an: 2/10/12	43213
5. Event(s) (Please check all th	at apply):	
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion	Severe bleeding	
X Other serious event (specify)	moderate bludrig	
6. Duration of event: 2	Hours Days	
7. Remarks: Dand C dow anthu fol	e for moderable heavy bleed, as	+ tem of
8. a. Name of physician who pre	ovided RU-486 Keder	
8. b. Physician's signature	mile	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	MEDIGAL BOAH
40:8 MA IS YAH SIOS	30 E. Broad St., 3 rd Floor	
STATE MEDICAL BOARD OF DHIO	Columbus, OH 43215-6127	MAY 2 1 2012

Prescribed: 5/--/2011