

State Medical Board of Ohio State Medical Board of Office 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	d:	04	15	12
	•	Month	Day	Year
2. Name of medical practice	or facility at which	RU-486	was provided:	
Preterm				
I PICTCI VII				
3. Address of medical practic	e or facility at whic	ch RU-486	3 was provided:	
12000 Shaker B	lvd. Cleve	. OH	प्यायठ	
4. Date post RU-486 event be	Γ			
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse re	action to RI	J-486 Patien	t hospitalized
Patient received a transfusion	Severe ble	eding		
Other serious event (specify) _		ter Er (1974) en frankrik inderstaan en alekse en		
6. Duration of event: 2	Hours	Days		
7. Remarks: Abortion completed	surgically.	3/8/12, 6	w further con	pliation,
8. a. Name of physician who p	rovided RU-486	Rebu	16 Loveritha	, M.D.
8. b. Physician's signature	Date_	9/		(M.D.1 D.O
Send completed forms to:	State Medical	Board of	Ohio	
	Legal Departr			
	30 E. Broad S		or	MEDICAL BOARD
	Columbus, Ol			WILLIOAL DUAME
	Columbus, Of	1 40210	0141	

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1. Date RU-486 was provided:	AU	, 7	7-4
	 Month	Day	<i>∠0</i> // Year
2. Name of medical practice or facility		- ,	र स्था
3. Address of medical practice or facili	ty at which RU-486 was	provided:	
12000 Shaker Blud.	Cleveland	44120	
4. Date post RU-486 event began:	04/21/2011		
5. Event(s) (Please check all that apply	y):		
Incomplete abortion	Adverse reaction to RU-486	Patient	hospitalized
Patient received a transfusion	Severe bleeding	•	
Other serious event (specify)			
6. Duration of event: Hour	rs <u>2</u> Days		
7. Remarks: Abortion completed sur	gicelly 4/29/11	, no Surthe	complication.
8. a. Name of physician who provided	RU-486 Cherra	Lowenth	el, 4.5.
8. b. Physician's signature	Date 7//3//)	M.D. /D,O
Lega 30 E	e Medical Board of Ohical Department Broad St., 3 rd Floor mbus, OH 43215-6127	· · · · · · · · · · · · · · · · · · ·	
		MEDICA	L BOARD

Prescribed: 5/--/2011

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