

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

		VANODATION AND AND AND AND AND AND AND AND AND AN
1. Date RU-486 was provided:		26 2013
	Month	Day Year
2. Name of medical practice or	facility at which RU-486 was provide	,
	HOOD OF GREATER A	
3. Address of medical practice of	or facility at which RU-486 was provide	ded:
25350 RECKSINE	RO, BEDFORD HTS, OH	44146
4. Date post RU-486 event bega		
	3-14-13	
5. Event(s) (Please check all that	at 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	
		MED
7. Remarks:		APR 15 2013
B. a. Name of physician who pro-	vided RU486 In SARAH	LENGEN /
B. b. Physician's signature	Date 4/9/	M.D./D.0
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	
	Columbus, OH 43215-6127	
	o contract of the contract of	



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		a de la companya de l	
1. Date RU-486 was provided:	2	5	2013
	Month	Day	Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:	
PLANNED PARENTH	OOD OF GREATEN O	tho	
3. Address of medical practice or t	facility at which RU-486 was provid	led:	
25350 RECKSIDE 1	LO, BEDIONO HIS, OH	4410	16
4. Date post RU-486 event began	2-22-13		·
5. Event(s) (Please check all that	apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient hos	pitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	lours <u>×</u> Days		
7. Remarks:			
8. a. Name of physician who provid	ded AU-486 bn samm	LENGER	<u> </u>
8. b. Physician's signature(Date	9/13	M.D. / D.O
Send completed forms to: S	tate Medical Board of Ohio		
·	egal Department	ME	The administration of the second seco
		1 1 E	UICAL BOAD.
	0 E. Broad St., 3 rd Floor	/ A	PRIFA
U	olumbus, OH 43215-6127		PR 1 5 2013
Prescribed: 5//2011		Sample and the second s	



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	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	
		150
3. Address of medical practice or t	facility at which RU-486 was provid	ded:
25350 ADULS, AC ED,		ì
4. Date post RU-486 event began:	3/1/13	
5. Event(s) (Please check all that a	apply):	
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion	Severe bleeding	
Other serious event (specify)		
6. Duration of event: F	HourslDays	Mexico.
7. Remarks:		APR 1 5 2013
		2 2013
8. a. Name of physician who provid	led RU-486) DA JAMA	LENGEN
8. b. Physician's signature		
-	Date	1/9//3
Send completed forms to: S	tate Medical Board of Ohio	
	egal Department	
	DE. Broad St., 3 rd Floor	
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Q!	olumbus, OH 43215-6127	



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	Month	Day	Year
2. Name of medical practice of	r facility at which RU-486 was provide	d:	The same of the sa
PLANNED PAREN	THOOD OF GREATER A	P Ho O	
3. Address of medical practice	or facility at which RU-486 was provi	ded:	
25350 RECKSINE	RO, BEDFORD HTS, OH	441	46
4. Date post RU-486 event beg	gan:		
5. Event(s) (Please check all the	nat apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient ho	spitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			***************************************
6. Duration of event:	Hours Days		
7. Remarks:		/	
			APR 1 5 2013
8. a. Name of physician who pro	ovided RU-486 Dr SARAH	Lenge	*
8. b. Physician's signature	A	y//2	M.D. / D.O
	Date	112	
Send completed forms to:	State Medical Board of Ohio		
	Legal Department		
	30 E. Broad St., 3 rd Floor		
	Columbus, OH 43215-6127		
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Procedingly El. 12011			