Report #27

State Medical Board of Ohio

Report of RU-486 Event

MEDICAL BOARD

SEP 10 2012

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: June (Month) 12 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd
Bedford Hts, OH

4. Date post RU-486 event began:
6/29/12

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: ___1___ Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Sarah K Smith MD

8. b. Physician's signature _____ M.D. / D.O

Date 9/4/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

Prescribed: 5/--/2011

Rpt 18

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: 06 (Month) 07 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HEIGHTS, OH 44146

4. Date post RU-486 event began:
6-21-12

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: Ø Hours 1 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR DAVID BURKONS

8. b. Physician's signature _____ M.D. / D.O

Date 6/27/12

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

MEDICAL BOARD
JUL 09 2012

Prescribed: 5/--/2011

✓ Rept # 4

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: 12 (Month) 9 (Day) 11 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast OH

3. Address of medical practice or facility at which RU-486 was provided:
19550 Rockside Rd Bedford OH 44146

4. Date post RU-486 event began:
12/22/11

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: 2 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Sarah K Smith, MD

8. b. Physician's signature _____ M.D. / D.O

Date 1/24/12

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

Prescribed: 5/--/2011

✓ Rept #5

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: 12 (Month) 27 (Day) 11 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
19560 Rockside Rd Bedford OH 44146

4. Date post RU-486 event began:
1/11/12

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: 2 Hours _____ Days

7. Remarks: D&C for persistent sac

8. a. Name of physician who provided RU-486 David Duncan MD

8. b. Physician's signature _____ M.D. / D.O

Date 1/26/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

Prescribed: 5/--/2011

Rpt 17

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: 5 (Month) 8 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd Bedford Hts OH 44146

4. Date post RU-486 event began:
6/15/12

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: 1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 David Burkons MD

8. b. Physician's signature _____ M.D. / D.O

Date _____

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
JUN 28 2012

Prescribed: 5/--/2011

Rpt #16

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:	11	10	2011
	Month	Day	Year

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

PPNEO

3. Address of medical practice or facility at which RU-486 was provided:

19550 ROCKSIDE RD, BEDFORD, OH 44146

4. Date post RU-486 event began: 12/3/11

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) HEMATOMETRA

6. Duration of event: 1 Hours 0 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR. SARAH SMITH

8. b. Physician's signature _____ (M.D) / D.O

Date 6/12/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
JUN 19 2012

Prescribed: 5/--/2011

rept #14

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: 5 (Month) 29 (Day) 12 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HTS, OH 44146

4. Date post RU-486 event began:
6-7-12

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: 1 Hours Ø Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR. DAVID BURKONS

8. b. Physician's signature _____ M.D. / D.O

Date 6/6/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
JUN 18 2012

Prescribed: 5/--/2011

rept # 13

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 (Month) 17 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 ROCKSIDE RD
BEDFORD HEIGHTS, OH 44146

4. Date post RU-486 event began:
6-6-12

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: 1 Hours 0 Days

7. Remarks:

MEDICAL BOARD
JUN 13 2012

8. a. Name of physician who provided RU-486 DAVID BUNKENS, MD

8. b. Physician's signature _____ M.D. / D.O

Date 6/6/12

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

Prescribed: 5/--/2011

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

1. Date RU-486 was provided: 4 (Month) 4 (Day) 2012 (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: 4-12-12

5. Event(s) (Please check all that apply):

X Incomplete abortion
___ Adverse reaction to RU-486
___ Patient hospitalized
___ Patient received a transfusion
___ Severe bleeding
___ Other serious event (specify) _____

6. Duration of event: _____ Hours 14 Days

7. Remarks:

8. a. Name of physician who provided RU-486 _____

8. b. Physician's signature _____ M.D. / D.O

Date 5/25/12

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

MEDICAL BOARD
MAY 31 2012

Prescribed: 5/--/2011

Rept #11

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: 10 (Month) 4 (Day) 2011 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
19550 ROCKSIDE RD, BEDFORD, OH 44146

4. Date post RU-486 event began:
10/19/11

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) HEMATOMETRA

6. Duration of event: 1 Hours Ø Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR. SARAH SMITH

8. b. Physician's signature _____ M.D. / D.O

Date 5/22/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

2012 MAY 29 PM 2:15
STATE MEDICAL BOARD OF OHIO

MEDICAL BOARD
MAY 29 2012

Prescribed: 5/--/2011

Rept # 10

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:	11	01	2011
	Month	Day	Year

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

PPNEO

3. Address of medical practice or facility at which RU-486 was provided:

19550 Rockside Rd, Bedford, OH 44146

4. Date post RU-486 event began:

11/17/11

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: 1 Hours ___ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Dr. Sarah Smith

8. b. Physician's signature _____ M.D. / D.O

Date 5/22/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

Prescribed: 5/--/2011

Rept#9

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: 12 (Month) 01 (Day) 2011 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
19530 ROCKSIDE RD, BEDFORD, OH 44146

4. Date post RU-486 event began:
12/15/11

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) HEMATOMETRA~~ error

6. Duration of event: 0 Hours 13 Days

7. Remarks:

8. a. Name of physician who provided RU-486 DR. DAVID BURKONS

8. b. Physician's signature _____ M.D. / D.O

Date 5/11/12

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

2012 MAY 29 PM 2:15
STATE MEDICAL BOARD OF OHIO

MEDICAL BOARD
MAY 29 2012

Prescribed: 5/--/2011

Rpt #8

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: 01 (Month) 19 (Day) 2012 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
19550 ROCKSIDE RD. BEDI

4. Date post RU-486 event began:
2/17/12

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: 1 Hours 8 Days

7. Remarks:
Pt never returned for F/U so don't know if completed on her own

8. a. Name of physician who provided RU-486 DR. DAVID BURKONS

8. b. Physician's signature _____ M.D./ D.O

Date 5/16/12

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

2012 MAY 29 PM 2:15
STATE MEDICAL BOARD OF OHIO

MEDICAL BOARD
MAY 29 2012

Prescribed: 5/--/2011

Report #26

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: 3 (Month) 13 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd
Bedford Hts OH 44146

4. Date post RU-486 event began:
4/5/12

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 Sarah K Smith MD

8. b. Physician's signature _____ M.D. / D.O

Date 5/1/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
MAY 04 2012

Prescribed: 5/--/2011

Report #25

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: 3 (Month) 28 (Day) 12 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd Bedford Hts OH 44146

4. Date post RU-486 event began:
4/13/12

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: 1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 David M Burkons MD

8. b. Physician's signature _____ M.D. / D.O

Date 4/19/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
MAY 04 2012

Prescribed: 5/--/2011

Report #24

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: 3 (Month) 27 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd
Bedford Hts OH 44146

4. Date post RU-486 event began: 4/14/12

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: 1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Sarah K Smith MD

8. b. Physician's signature _____ (M.D) / D.O

Date 4/24/12

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

MEDICAL BOARD
MAY 04 2012

Prescribed: 5/--/2011

Report #23

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: 3 (Month) 7 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd Bedford Hts OH 44146

4. Date post RU-486 event began:
3/20/12

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: 1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 David Burtons M.D

8. b. Physician's signature _____ M.D. / D.O

Date 3/26/11

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

MEDICAL BOARD
APR - 5 2012

Prescribed: 5/--/2011

Report #22

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: 3 (Month) 6 (Day) 2012 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Northeast Ohio

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd Bedford Hts OH 44146

4. Date post RU-486 event began:
3/20/12

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: 1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Sarah K Smith MD

8. b. Physician's signature _____ M.D. / D.O

Date 3/27/12

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
APR - 8 2012

Prescribed: 5/--/2011