

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

		A Control of the Cont
1. Date RU-486 was provided:	09	17 2013
	Month	Day Year
	acility at which RU-486 was providence of GNEATEN 6	
3. Address of medical practice or	facility at which RU-486 was provide	led:
25350 ROCKSIDE	RO, BEDFORD HTS, OH	44146
4. Date post RU-486 event begar	10-3-2013	
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) FA	NED MEDICATION ABOR	nod
6. Duration of event: <a>-	Hours Days	
7. Remarks:		
8. a. Name of physician who prov	ided RU-486 DN DAVID	Buncons
8. b. Physician's signature	way S Kum (1	FESS, MD M.D. / D.O
	Date_10\Z2\13.	Medical Directo
Send completed forms to:	State Medical Board of Ohio	PPCOH.)
	Legal Department	MEDICAL BOA
	30 E. Broad St., 3 rd Floor	OCT 2 5 2013
	Columbus, OH 43215-6127	
Prescribed: 5/-/2011		

Report 56



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		13	2013
	• Month	Day	Year
2. Name of medical practice or facility at			
Planned Parenthurd of	Greater Opis	Beaford,	Verips Suryic
3. Address of medical practice or facility a	at which RU-486 was provi	ded:	
4. Date post RU-486 complication began: $9/\nu//3$			
5. Event(s) (Please check all that apply):			
Incomplete abortion/	Adverse reaction to RU-486 _	Patient hospitaliz	ed
Patient received a transfusion Severe bl	eeding		
Other serious event (specify)			
Other serious event (specify) 6. Duration of event: Hours	Days		
	turning for	neucition	
6. Duration of event:Hours 7. Remarks: P4. dunged re found up v	turning for		<u>u</u>
6. Duration of event: Hours 7. Remarks: P4. dunyd re follow up v 8. a. Name of physician who provided RU 8. b. Physician's signature	turning for	ris Burko	/D.O
6. Duration of event: Hours 7. Remarks: P4. dunyd re follow up v 8. a. Name of physician who provided RU 8. b. Physician's signature	turning for 486 Dr. Day Date Holical Board of Ohio	ris Burko	MEDICAL ROAD
6. Duration of event: Hours 7. Remarks: Pt. dungel reform up v 8. a. Name of physician who provided RU 8. b. Physician's signature Send completed forms to: State	turning for 486 Dr. Du Date Hedical Board of Ohio tment	ris Burko	u

Prescribed: 5/-/2011, Rev. 12/13/12

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

		and the second s
1. Date RU-486 was provided:	7	31 2013
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNER PARENTH	OOD OF GREATER O	tho
TOTAL)	
Address of medical practice or	facility at which RU-486 was provi	ded:
25350 ROCKSINE 1	LO, BEDFORD HTS, OH	44146
4. Date post RU-486 event began		•
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 prov	ided AU-486 DAVID	BURKONS, MD
8. b. Physician's signature	**************************************	(M,D./10.0
o. b. r riyololari o digitature	Pate 7 4113	W.B. 7 B.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	MEDICAL BOARI
	30 E. Broad St., 3 rd Floor	SEP 0 9 2013
	Columbus, OH 43215-6127	OLI V
Prescribed: 5//2011		/

Upart 52

State Medical Board of Onio Report of RU-486 Event JUL 2 2 2013

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	4	29	13
:	Month	Day	Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:	
	DOD OF GREATEN A		
3. Address of medical practice or t	acility at which RU-486 was provid	ded:	
25350 ROCKSIDE 1	LO, BEDFORD HTS, OH	441	46
4. Date post RU-486 event began	7/12/13		1
5. Event(s) (Please check all that	apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient ho	ospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)	·		
6. Duration of event:ØI	lours3 Days		
7. Remarks:			
3. a. Name of physician who provi	DAVID	Bunc	245
3. b. Physician's signature	Date 7/19/19		M.D./ D.O
Send completed forms to:	State Medical Board of Ohio		
	egal Department	li ii.a	
	00 E. Broad St., 3 rd Floor		
	Columbus, OH 43215-6127		
rescribed: 5//2011			

Report 46

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	04	04 2013
	Month	Day Year
2. Name of medical practice or f	acility at which RU-486 was provide	∳d:
PLANNED PARENT	HOOD OF GILEATEN !	tho
3. Address of medical practice or	facility at which RU-486 was provi	ded:
25350 ROCKSINE	NO, BEDFORD HTS, OH	44146
4. Date post RU-486 event began	4/6/2013	3
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)	ALLERGIC REACTO	٨
6. Duration of event:	Hours Days W	KNOWN
7. Remarks:		
8. a. Name of physician who prov	rided AU 186 Sty Davis	Bureads,
8. b. Physician's signature	Date 4/1/3	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	MEDICAL BOARD
	Columbus, OH 43215-6127	JUL 17 2013
Prescribed: 5//2011		

Report 47

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	4	4 2013
:	Month	Day Year
	acility at which RU-486 was provide	
3. Address of medical practice or	facility at which RU-486 was provide	led:
	NO, BEDFORD HTS, OH	
4. Date post RU-486 event began	n .	
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:		
3. a. Name of physician who prov	vided RU486 DN DAVII	BUMCONS
3. b. Physician's signature	Date 4 17/3	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	MEDICAL BOARD
	Columbus, OH 43215-6127	JUL 17 2013
rescribed: 5//2011	•	



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	4	2 2013
	Month	Day Year
2. Name of medical practice or f	acility at which RU-486 was provide	ed:
	tood OF GREATER &	
3. Address of medical practice or	facility at which RU-486 was provide	łod:
	AD, BEDFORD HTS, OH	
		11174
4. Date post RU-486 event bega	n	
5. Event(s) (Please check all that	t 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 7 Days	
7. Remarks:		
8. a. Name of physician who pro-	vided RU/486 DN DAVID	Burycons
8. b. Physician's signature	110	M.D. / D.O
	Date 4/1/13	
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	MEDICAL BOARD
*	30 E. Broad St., 3 rd Floor	CAL BUARD
	Columbus, OH 43215-6127	JUL 17 2013
Prescribed: 5/-/2011		
. 1999 Hant M. 1891 I		



MEDICAL BOARD

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

JUL 17 2013

and the second s		
1. Date RU-486 was provided	4	9 13
	Month	Day Year
2. Name of medical practice o	r facility at which RU-486 was provid	led:
	THOOD OF GREATER	
1 DHNINGS TIPLEN		1,770
3. Address of medical practice	or facility at which RU-486 was prov	rided:
25350 ROCKSIDE	NO, BEDFORD HTS, OF	4 44146
1. Date post RU-486 event beg	gan: 4/26/13	5
5. Event(s) (Please check all the	nat 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:		
3. a. Name of physician who p	rovided RU-486) DN SAN	H LONGEN
3. b. Physician's signature	Date 7/1	M.D. / D.
Send completed forms to:	State Medical Board of Ohio	
AND THE REAL PROPERTY OF THE PARTY OF THE PA	Legal Department	
	30 E. Broad St., 3 rd Floor	
	Columbus, OH 43215-6127	MEDICAL BOARD
	70210-0127	117 17 2013
rescribed: 5//2011		



(Required pursuant to R.C. 2119.123)

Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013			
2. Name of medical practice or facility at which RU-486 was provided: PLANNED PANENTHOOD OF GIVENTEN Pho	1. Date RU-486 was provided:	06	18 2013
Address of medical practice or facility at which RU-486 was provided: 25350 Rocks of AD, BEDFORD HTS, OH 44146 4. Date post RU-486 event began: 1/25/13 5. Event(s) (Please check all that apply): 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 Dr. SAVETH LENGEN B. b. Physician's signature Date M.D. / D.6 Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013		Month	Day Year
3. Address of medical practice or facility at which RU-486 was provided: 25350 ROULS DE RD, BED FRD HT3, OH 44146 4. Date post RU-486 event began 1/25/13 5. Event(s) (Please check all that apply): 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 D RU-486 M.D. / D.6 Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	2. Name of medical practice or f	acility at which RU-486 was provide	d;
3. Address of medical practice or facility at which RU-486 was provided: 25350 ROUSINE RD, SED FRD HT3, OH 44146 4. Date post RU-486 event began 1/25/13 5. Event(s) (Please check all that apply): 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 DIV SAVANT LENGEN B. b. Physician's signature Date M.D. / D.6 Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	PLANIALED PARENTI	HOOD OF GREATING	tho
4. Date post RU-486 event began	TORNICE VIICENTI	,	1110
4. Date post RU-486 event began 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 Differential points are signature Date Date MEDICAL BOARD JUL 17 2013	Address of medical practice or	facility at which RU-486 was provid	led:
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 D N SAMON LENGEN M.D. / D.6 Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	25350 ROCKSINE	NO, BEDFORD HTS, OH	44146
Incomplete abortion Adverse reaction to RU-486 Patient hospitalized Severe bleeding Other serious event (specify) 6. Duration of event: Hours Days 7. Remarks: 8. a. Name of physician who provided RU-486 Date Date M.D. / D. Other serious event (specify) Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	4. Date post RU-486 event began		
Patient received a transfusionSevere bleeding	5. Event(s) (Please check all that	t apply):	
Other serious event (specify)	Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
6. Duration of event:	Patient received a transfusion	Severe bleeding	
7. Remarks: 8. a. Name of physician who provided RU-486 DN SANAT LENGEN 8. b. Physician's signature M.D. / D. O Date MEDICAL BOARD 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	Other serious event (specify)		
8. a. Name of physician who provided RU-486 In Secretary LENGEN 8. b. Physician's signature M.D. / D. O. O. Date Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	6. Duration of event:	Hours Days	
8. b. Physician's signature Date Date M.D. / D. 6 Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	7. Remarks:		
Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	8. a. Name of physician who prov	vided PU-486 Dn SAn	nt LENGEN
Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD JUL 17 2013	8. b. Physician's signature	Date 7/2/13	M.D. / D.O
30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 JUL 17 2013	Send completed forms to:	State Medical Board of Ohio	
30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 JUL 17 2013		Legal Department	MEDICAL POLITICAL
Columbus, OH 43215-6127 JUL 17 2013	sant Tanàna ao amin'ny faritr'i A		TOTAL BOARD
	*		JUL 17 2013
December 57 POM			
	Prescribed: 5//2011		The state of the s



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provide	d:	29 13
	Month	Day Year
2. Name of medical practice	or facility at which RU-486 was provid	ded:
PLANNED PAREN	17400D OF GREATER	etho
3. Address of medical practice	e or facility at which RU-486 was prov	vided:
25350 ROCKSINE	RO, BEDFORD HTS, O	H 44146
4. Date post RU-486 event be	9/12/13	
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) _	Hours 14 Days	MITH RO AND BIOT
7. Remarks:		
8. a. Name of physician who	provided PU-186 In DAVID	BURKONS, MA
8. b. Physician's signature	Date_1/8/13	M.D.)D.O
Send completed forms to:	State Medical Board of Ohio	AAFF
	Legal Department	MEDICAL BOARD
e e la principal y la	30 E. Broad St., 3 rd Floor	JUL 2 2 2013
	Columbus, OH 43215-6127	2013
Prescribed: 5//2011		



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	5	6 13
	Month	Day Year
	cility at which RU-486 was provide	
3. Address of medical practice or	facility at which RU-486 was provide	led·
	CO, BEDFORD HTS, OH	
4. Date post RU-486 event begar	3/21/13	,
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 prov	ided By 486 Dr SANA	nt vengen
8. b. Physician's signature	Daje 7/11 //	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	MEDICAL BOARD
	Columbus, OH 43215-6127	JUL 17 2013
Prescribed: 5//2011		



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		A In
	# Month	
2. Name of medical practice or fa		Day Year
	ood of Greater 6	
3. Address of medical practice or f	acility at which RU-486 was provid	ed:
	ю, выбыло нтз, он	
4. Date post RU-486 event began		
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:I	Hours Days	
		Mar
7. Remarks:		APR 1 5 2013
		-13
8. a. Name of physician who provide	ded RU-486 <u>In SARAH</u>	LENGEN /
8. b. Physician's signature	Date 4/9	M.D. 7 D.O
Send completed forms to:	State Medical Board of Ohio	
	egal Department	
	0 E. Broad St., 3 rd Floor	
	Olumbus, OH 43215-6127	
Prescribed: 5/-/2011	8	



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		26 2013
	Month	Day Year
	facility at which RU-486 was providently of GNEATENL (
	r facility at which RU-486 was provi	
4. Date post RU-486 event bega	3-14-13	
5. Event(s) (Please check all that Incomplete abortion Patient received a transfusion Other serious event (specify)	apply): Adverse reaction to RU-486 Severe bleeding	Patient hospitalized
6. Duration of event:< ι	Hours & Days	I IMER
7. Remarks:		APR 1 5 2013
8. a. Name of physician who pro 8. b. Physician's signature	vided RU486 <u>In sanart</u> Date 49	LENGEN (M.D)/D.O
Send completed forms to:	State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	
Prescribed: 5//2011	and the state of t	



(Required pursuant to R.C. 2119.123)

		1. A 1.	
1. Date RU-486 was provided:	2	5	2013
and the state of t	Month	Day	Year
	acility at which RU-486 was provide		
	facility at which RU-486 was provided to the second		46
4. Date post RU-486 event begar	2-22-13		
5. Event(s) (Please check all that	apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient ho	ospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours Days		
7. Remarks:			
8. a. Name of physician who prov	vided AU-486 Dn SARAH	LENGE	M
8. b. Physician's signature	Date	1//3	
Send completed forms to:	State Medical Board of Ohio		
Cona completed forms to.		1 FR.	
	Legal Department	1 / 1	EDICAL BOAR
	30 E. Broad St., 3 rd Floor	1 /	APD + -
	Columbus, OH 43215-6127		EDICAL BOARD APR 1 5 2013
Prescribed: 5//2011			



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	2	19	13
	Month	Day	Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:	
pennes lanon	NOOD OF GRITTER O	14.0	
3. Address of medical practice or	facility at which RU-486 was provi	ded:	
25350 ROULS, DE DA,	BEDFORD ITTS, OH 44141		
4. Date post RU-486 event began	3/8/13		
5. Event(s) (Please check all that	apply);		
Incomplete abortion	Adverse reaction to RU-486	Patient ho	ospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	HoursIDays	MEN	
7. Remarks:		V APR	1 5 2013
			2013
8. a. Name of physician who prov	ded RU-486 Dr SAMA	LENGE	2
8. b. Physician's signature			(M.D./D.O
	Date	4/9/12	2
Send completed forms to:	State Medical Board of Ohio		
	Legal Department		
	30 E. Broad St., 3 rd Floor		
	Columbus, OH 43215-6127		
Prescribed: 5//2011			



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	٠	T .	-	
The Date 110-400 was provided	· _	July	3	2012
		Month	Day	Year
2. Name of medical practice			ovided:	
Planned Parentheo	d of Greate	r Ohio		
3. Address of medical practice 25350 Rocksid	e or facility at which	h HU-486 was p	provided:	
Bedford Hts, o				
4. Date post RU-486 event be				
7/19/2012	gan.			
	that annhale			
5. Event(s) (Please check all t	mat apply).			
✓ Incomplete abortion	Adverse re	action to RU-486	Pati	ent hospitalized
Patient received a transfusion	Severe blee	eding		
Other serious event (specify) _				
6. Duration of event:	Hours	Davs		
o. Baraton or overt.	Tiodio	Days		
7. Remarks:				
7. Hemarks.				
Q a Name of physician who	wasted División	David R	1	*
8. a. Name of physician who p	Drovided Pro-486	David Bur	kons, M	0
8. b. Physician's signature _	-////	//-//	11/2	M.D. / D.O
	pate_	1/18	517	
Send completed forms to:	State Medical	Board of Ohio		
The second second second	Legal Departn			
	30 E. Broad S		ME	DICAL BOARD
	Columbus, Of	43215-6127		JAN 2 4 2013

Report #30.



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provide	d:	August .	30	2012
		Month	Day	Year
2. Name of medical practice	or facility at wh	nich RU-486 was p	rovided:	
Planned Parenthood	of Greate	r Ohio		
3. Address of medical practic	e or facility at w	vhich RU-486 was	provided:	
25350 Rockside Ro	d, Bedford	Hts, OH 4	1146	
4. Date post RU-486 event be	egan:			
9/15/2012				
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Advers	e reaction to RU-486	Patier	nt hospitalized
Patient received a transfusion	Severe	bleeding		
Other serious event (specify)		•		
6. Duration of event:	Hours _	Benov Days		
7. Remarks:				
		1		
		>#		
8. a. Name of physician who	provided RU-4	186 David Bu	rkons, MD	
8. b. Physician's signature .	N		1.1	M.D./ D.O
	Da	ite	18/13	
Send completed forms to:	State Med	ical Board of Ohio	Y	
	Legal Dep	artment	MEDI	CAL BOARD
	30 E. Broa	d St., 3 rd Floor	,	OUL BOAKD
	Columbus	OH 43215-6127	JA	N 2 4 2019



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	Sept	18 2012
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:
Planned Parentho	d of Greater Onio	
[2011] [17] 이 경영 : 12(1) 12(1) 14 (1) [17] [18] (10(1) 14(1) 14(1) 15(1) [18] (10(1) [18] (10(1) [18]	facility at which RU-486 was provide	
25350 Rockside Rd	, Bedford Hts, OH 4	4146
4. Date post RU-486 event began		
10/2/12 5. Event(s) (Please check all that	apply):	
/ I loade offer all that	фруу». 	
✓ 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	
	T	
7. Remarks:		
	,	
3. a. Name of physician who prov	idea RU-486 Sarah Smi-	H, MD
8. b. Physician's signature		M.D. / D.O
o. b. r nysiolairo signaturo	Date 1/15/13	IVI.D. / D.O
	1//	
	State Medical Board of Ohio	
	Legal Department MEDIO	
¢ .	30 E. Broad St., 3 rd Floor	MEDICAL BOARD
17	Columbus, OH 43215-6127	JAN 2 4 2013
Prescribed: 5//2011		1

Prescribed: 5/-/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1			
1. Date RU-486 was provided	d: IP Month	17	2012
O Name of medical practice		Day	Year
	or facility at which RU-486 was provide		
PLANNED PAR	ENTHOOD OF GREATER	010	
25350 ROULS		ided:	
BEDFORD HTS, O	H 44146		
4. Date post RU-486 event be			
5. Event(s) (Please check all	that apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient I	nospitalized
Patient received a transfusion	Severe bleeding .		
Other serious event (specify) _			
6. Duration of event:	Hours Days		
7. Remarks:	1		
8. a. Name of physician who p	provided RU-486 DA DAVIA	Bunkos:	s, MD
8. b. Physician's signature	Date 1/16/	12	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio		
	Legal Department		
	30 E. Broad St., 3 rd Floor	MED	ICAL BOARD
	Columbus, OH 43215-6127		AN 2 4 2013
		1	



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

		District Control	
1. Date RU-486 was provided:		8	2012
	. Month	Day	Year
2. Name of medical practice or	facility at which RU-486 was provide	ed:	
PLANNED PAREN	THOOD OF GREATER	Otho	
3. Address of medical practice of	or facility at which RU-486 was provi	ded:	
25350 ROULSID	E RO, BEDFORD ITT	3, 0H	44146
4. Date post RU-486 event bega			
5. Event(s) (Please check all that	at 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:	Hours 3 Days		
7. Remarks:			
8. a. Name of physician who pro	wided Fry 486 DR DAVID	Burkon	IS, MD
8. b. Physician's signature	Date 1	7	(M.D./D.O
Cond normalated forms to			
Send completed forms to:	State Medical Board of Ohio	MEDI	CAL BOARD
	Legal Department	MED	IUNL BUNND
	30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	ل	AN 2 4 2013
Prescribed: 5//2011			

Prescribed: 5/--/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	Month	14 Day	2012 Year
2. Name of medical practice or fa			Year
		a.	
PLANNED PARENTHOOD	OF GREATER OTHO		
3. Address of medical practice or	facility at which RU-486 was provi	ded:	
25350 ROCKSIDE RO			
BENFORD HTS, OH 41	+146		
4. Date post RU-486 event began			
5. Event(s) (Please check all that	apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient h	ospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)	MATOMETRA TILEATED L	DITH RE	PASPINATION
6. Duration of event:	lours <u>&</u> Days		
7. Remarks:			
7. Hemarks.			
8. a. Name of physician who provi	ded BUASE DE DAVID	BURK	ONS, MD
8. b. Physician's signature			M.D) D.O
o. b. i Trysician's signature	1/2/1/10/13		(N.D./ D.O
	Date ///8//		
Send completed forms to:	State Medical Board of Ohio		
·	egal Départment		
	0 E. Broad St., 3 rd Floor	MED	ICAL BOARD
	Olumbus, OH 43215-6127		
			JAN 3 4 2013
ý ·	1	1	

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	' 10	17 2012
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d;
PLANTED PARENTHOOP	OF GREATER OHO	
TCHARES THERETHER	of great, or our	
3. Address of medical practice or	facility at which RU-486 was provi	ded:
25350 ROCKSIDE R	0	
BBDFOND HTS, OH 4	4146	
4. Date post RU-486 event began		
10/27/12	,	
5. Event(s) (Please check all that	apply):	
/	·	
✓ Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
1.		
Patient received a transfusion	Severe bleeding	
Other serious event (specify)		
6. Duration of event:	Hours 2 Days	
c. Baration of event.	Bays	
7. Remarks:		
7. Hemains.		
		<i>X</i> /
		1 /
8. a. Name of physician who provi	ded RU-486 An Sauro	Muricons, m.D.
3. b. Physician's signature		M.D./D.O
	Date Date	1/10/13
		1/10/12
Send completed forms to:	State Medical Board of Ohio,	MEDICAL BOARD
i	egal Department	MEDICAL DONNE
1.	30 E. Broad St., 3 rd Floor	JAN 2 4 2013
	olumbus, OH 43215-6127	
Prescribed: 5//2011		
	1	1



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	10	31 2012
O Nome of well-all with	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNED PARENTHOO	S OF GREATER 6H1	0
3. Address of medical practice or 25350 ROCKSIDE R BEDFORD HTS, OH	D	ded:
4. Date post RU-486 event began		
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)/_	FECTION	
6. Duration of event:	lours 14 Days	
7. Remarks: TREATED WITH	PO ANTIBIOTICS × 14	DAYS
8. a. Name of physician who provi	ded RU-486 DW DALLA A	wards MA.
8. b. Physician's signature	Date // G//	(I.D.) D.O
Send completed forms to:	state Medical Board of Ohio	
	egal Department	MEDICAL BOARD
	0 E. Broad St., 3 rd Floor	WIND IOUT DONNE
	olumbus, OH 43215-6127	JAN 2 4 2013
Prescribed: 5//2011		