

Report 44

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:	9	12	12
	Month	Day	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: 2155 E. MAIN STREET COLUMBUS, OHIO 43213			
4. Date post RU-486 event began: 9-18-12			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: _____ Hours _____ Days			
7. Remarks: No heavy bleeding, desired D&C for completion so IUD could be inserted.			
8. a. Name of physician who provided RU-486 <u>Dr. Keder</u>			
8. b. Physician's signature <u>[Signature]</u> (M.D.) (D.O.)			
Date <u>11/21/12</u>			

Send completed forms to:

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

MEDICAL BOARD

JUL 9 - 2013

Report # 28

State Medical Board of Ohio
Report of RU-486 Event **MEDICAL BOARD**
NOV 30 2012

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	<u>9</u> <u>12</u> <u>12</u>
	Month Day Year
2. Name of medical practice or facility at which RU-486 was provided:	<u>CENTRAL OHIO WOMEN'S CENTER</u>
3. Address of medical practice or facility at which RU-486 was provided:	<u>3755 E. MAIN STREET COLUMBUS, OH. 43213</u>
4. Date post RU-486 event began:	<u>10/12/12</u>
5. Event(s) (Please check all that apply):	
<input checked="" type="checkbox"/> Incomplete abortion	<input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized
<input type="checkbox"/> Patient received a transfusion	<input type="checkbox"/> Severe bleeding
<input type="checkbox"/> Other serious event (specify) _____	
6. Duration of event:	<u>24</u> Hours <u>0</u> Days
7. Remarks:	<u>Pt underwent D&C for incomplete medical abortion.</u>
8. a. Name of physician who provided RU-486	<u>Dr. Keder</u>
8. b. Physician's signature	<u>[Signature]</u> M.D.
	Date <u>10/12/12</u>

Send completed forms to:

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

STATE MEDICAL BOARD
OF OHIO
2012 NOV 30 PM 2:00

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	16	2012
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: CENTRA 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: 04-04-12			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: _____ Hours _____ Days			
7. Remarks:			
8. a. Name of physician who provided RU-486 Catherine Canino, MD			
8. b. Physician's signature _____ M.D. / D.O.			
Date 6/11/12			

Send completed forms to:

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Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD

JUN 18 2012

Rept #7

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:	<u>March</u>	<u>19</u>	<u>2012</u>
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: <u>Central Ohio Women's Center</u>			
3. Address of medical practice or facility at which RU-486 was provided: <u>3255 East Main St Columbus, OH</u>			
4. Date post RU-486 event began:			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: _____ Hours _____ Days			
7. Remarks:			
8. a. Name of physician who provided RU-486 <u>Catherine Conrado</u>			
8. b. Physician's signature <u>[Signature]</u> M.D. / D.O. Date <u>5/14/12</u>			

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Columbus, OH 43215-6127

MEDICAL BOARD

MAY 24 2012

Rept #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:	<u>January</u> Month	<u>12</u> Day	<u>2012</u> Year
2. Name of medical practice or facility at which RU-486 was provided: <u>Central Ohio Women's Center</u>			
3. Address of medical practice or facility at which RU-486 was provided: <u>3255 East Main St Columbus, OH 43213</u>			
4. Date post RU-486 event began: <u>2/10/12</u>			
5. Event(s) (Please check all that apply): <input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>moderate bleeding</u>			
6. Duration of event: <u>2</u> Hours <u> </u> Days			
7. Remarks: <u>D and C done for moderately heavy bleed. at time of routine follow-up.</u>			
8. a. Name of physician who provided RU-486 <u>Keder</u>			
8. b. Physician's signature <u>[Signature]</u> M.D. / D.O. Date <u>5/7/12</u>			

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Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

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STATE MEDICAL BOARD
OF OHIO

Prescribed: 5/-/2011

MEDICAL BOARD
MAY 21 2012