Report 44

#### State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

| <ol> <li>Date RU-486 was provide</li> </ol>                  | d:   | 9                     | 12          | 12           |
|--|--|-----------------------|-------------|--------------|
|  |  | Month                 | Day         | Year         |
| 2. Name of medical practice                                  | or facility at which                                     | RU-486 was pro        | ovided:     |              |
| 3. Address of medical practic                                | e or facility at which                                   | ch RU-486 was n       | rovided:    |              |
| 9155 E. MA   |  | 1.                    |             | 0 43213      |
| 4. Date post RU-486 event be                                 | gan: 9-181   | 1                     |             |              |
| 5. Event(s) (Please check all                                | that apply):   |                       |             |              |
| Incomplete abortion  | Adverse re   | eaction to RU-486     | Patient     | hospitalized |
| Patient received a transfusion                               | Severe ble   | eding                 |             |              |
| Other serious event (specify)                                |  |                       |             |              |
| 6. Duration of event:  | Hours  | Days                  |             |              |
| 7. Remarks: No heavy   | boleeding. o<br>ld be ment                               | desired band          | 10 for comp | lehan        |
|  |  |                       |             |              |
|  | provided RU-486  | M. Wei                | Ter         |              |
| B. a. Name of physician who                                  | provided RU-486  | M. Hel                | lek         | (MD) DO      |
|  | provided RU-486  | M. 1/20               |             | M.D.) D.O    |
| 3. a. Name of physician who                                  | Date_  | mih.                  |             |              |
| 3. a. Name of physician who page 3. b. Physician's signature | Date_  | MIZ II ZI Z           |             |              |
| 3. a. Name of physician who page 3. b. Physician's signature | Date_<br>State Medical                                   | Il 2/12 Board of Ohio |             | MEDICAL BOAR |
| 3. a. Name of physician who page 3. b. Physician's signature | Date_<br>State Medical<br>Legal Departr<br>30 E. Broad S | Il 2/12 Board of Ohio |             |              |

Repre# 28

# State Medical Board of Ohio MEDICAL BOARD Report of RU-486 Event NOV 8 0 2012

(Required pursuant to R.C. 2119.123)

| 1. Date RU-486 was provide     | d:                   | 9                          | 12        | 12.          |
|--------------------------------|----------------------|----------------------------|-----------|--------------|
|                                |                      | Month                      | Day       | Year         |
| 2. Name of medical practice    | or facility at which | RU-486 was p               | rovided:  |              |
| CENTRAL OMO                    | Work and             | 5 Care                     |           |              |
| 3. Address of medical practice | e or facility at whi | ch RU-486 was              | provided: |              |
| 3755 E.M.                      | AN STREET            | Col 15,                    | Oh. 43    | 43           |
| 4. Date post RU-486 event be   |                      | <i>,</i>                   |           |              |
| 5. Event(s) (Please check all  | that apply):         |                            | -         |              |
| Incomplete abortion            | Adverse re           | eaction to RU-486          | Patient h | nospitalized |
| Patient received a transfusion | Severe ble           | eeding                     |           |              |
| Other serious event (specify)  |                      |                            |           |              |
| 6. Duration of event:          | Hours 1              | Days                       |           |              |
| 7. Remarks: Pt w               | about                | Dec A                      | ncon      | plete        |
|                                |                      |                            | 7/        | 2017         |
| 8. a. Name of physician who p  | provided RU-486      | De De                      | leder     |              |
| 8. b. Physician's signature    |                      | mu                         |           | M.D. 49.0    |
| ,                              | Date                 | 10/12/                     | 1/12.     | - P          |
| Send completed forms to:       | State Medica         | Board of Ohio              |           | ÿ            |
|                                | Legal Depart         | ment                       |           | 00           |
|                                | 30 E. Broad          | St., 3 <sup>rd</sup> Floor |           |              |
|                                | Columbus, O          | H 43215-6127               |           |              |

## State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

| 1. Date RU-486 was provide     | ed:                    | 05                        | 110       | 2012         |
|--------------------------------|------------------------|---------------------------|-----------|--------------|
|                                |                        | Month                     | Day       | Year         |
| 2. Name of medical practice    | or facility at which   | RU-486 was pr             | ovided:   |              |
| CENTRAL                        | - 0/10 U               | Domas's                   | Carrer    |              |
| 3. Address of medical practic  | e or facility at which | h RU-486 was į            | provided: |              |
| 3155 E. hu                     | AND STILLET            | Cohu                      | ribus, ON | 0 43213      |
| 4. Date post RU-486 event be   | egan:<br>() 4-04-/a    |                           |           |              |
| 5. Event(s) (Please check all  | that apply):           |                           |           |              |
| Incomplete abortion            | Adverse re             | action to RU-486          | Patient   | hospitalized |
| Patient received a transfusion | Severe blee            | eding                     |           |              |
| Other serious event (specify)  | -                      |                           |           |              |
| 6. Duration of event:          | Hours                  | Days                      |           |              |
| 7. Remarks:                    |                        |                           |           |              |
|                                |                        |                           |           |              |
|                                |                        |                           |           |              |
|                                |                        | Catha                     | 2110 10   | 01000        |
| 8. a. Name of physician who    | provided RU-486        | Color                     | nine Co   | using mi     |
| 8. b. Physician's signature .  | $ V_{\ell}$            | 100                       | >         | M.D. / D.O   |
|                                | Date_                  | 6                         | 11/12     |              |
| Send completed forms to:       | State Medical          | Board of Ohio             |           |              |
|                                | Legal Departm          | nent                      | MED       | DIGAL BOARD  |
|                                | 30 E. Broad S          | t., 3 <sup>rd</sup> Floor |           |              |
|                                | Columbus, OF           | 1 /2015-6107              |           | JUN 18 2012  |

Rept#7

### State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

| 1. Date RU-486 was provide                 | d: March                          | 19                                     | 2012           |
|--|-----------------------------------|--|----------------|
|  | Month                             | Day                                    | Year           |
| <ol><li>Name of medical practice</li></ol> | or facility at which RU-486 was p | provided:                              |                |
| Central Onio W                             | omen's Center                     |  |                |
| 3. Address of medical practic              | e or facility at which RU-486 was | provided:                              |                |
| 3255 East Ma                               | in St Columbus, 0                 | Н                                      |                |
| 4. Date post RU-486 event be               |                                   |  |                |
| 5. Event(s) (Please check all              | that apply):                      |  |                |
| Incomplete abortion                        | Adverse reaction to RU-486        | Patien                                 | t 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                | provided RU-486CCHQU              | rue Co                                 | nsuo           |
| 3. b. Physician's signature                | Winds                             |  | M.D. / D.O     |
|  | Date 5                            | 14/12                                  |                |
| Send completed forms to:                   | State Medical Board of Ohio       |  |                |
|  | Legal Department                  | II | AF 11.5        |
|  | 30 E. Broad St., 3rd Floor        | 1                                      | MEDICAL DUAL   |
|  | Columbus, OH 43215-6127           |  | MAY 2 4 2012   |

Rept #6

#### 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:                            | January                 | 12<br>Day   | Zo1Z<br>Year |
|---|-------------------------|-------------|--------------|
| 2. Name of medical practice or facility at              | which RU-486 was pro    |             | 1041         |
| Central Ohio Women's                                    | Center                  |             |              |
| 3. Address of medical practice or facility a            | at which RU-486 was p   | provided:   |              |
| 3255 East Main 5+<br>4. Date post RU-486 event began: 2 | Columbus                | он ч        | 3213         |
| 5. Event(s) (Please check all that apply):              |                         |             |              |
| Incomplete abortionAdv                                  | erse reaction to RU-486 | Patient     | hospitalized |
| Patient received a transfusion Sev                      | ere bleeding            |             |              |
| X Other serious event (specify)                         | a bluduzi               |             |              |
| 3. Duration of event:2 Hours                            | Days                    |             |              |
| 7. Remarks: Dand C done for m<br>arvinu followy.        | educhly heavy bl        | led of them | 18           |
| 3. a. Name of physician who provided Rt                 | J-486 Keder             |             |              |
| 0.0   | Date 5/1/12.            |             | M.D. / D.O   |
| Gend completed forms to: State M                        | edical Board of Ohio    |             |              |
| Legal D   | epartment               |             | MEDICALD     |

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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Prescribed: 5/-/2011

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