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: 11/18/2014 (Month / Day / Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
3255 East Main St. Columbus, OH 43213

4. Date post RU-486 complication began: 12/09/2014

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: NA Hours _____ Days

7. Remarks: failed medical Rx likely result of FDA protocol.

8. a. Name of physician who provided RU-486 Catherine Kamanos MD

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

Date 12/9/14

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

MEDICAL BOARD
DEC 11 2014

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

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: August (Month) 28, (Day) 2014 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
3255 East Main Street
Columbus, OH 43213

4. Date post RU-486 complication began:
September 12, 2014

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: n/a Hours _____ Days

7. Remarks:
FDA protocol resulted in incomplete procedure

8. a. Name of physician who provided RU-486 Catherine Karanos M.D.

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

Date 9/16/2014

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SEP 19 2014

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