

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 provide	ed:	10	1	2011
,	2. 2.	Month	Day	Year
2. Name of medical practice	e or facility at which	ch RU-486 was provide	Nomina A	T OHIO WOMENS CENTER LLC 2127 STATE RD
	NORTHEA	ST OHIO WOMENS CENTE	H CUYAH	OGA FALLS, OH 44220
3. Address of medical practi		ist2RbtA36 mas provid Hoga falls, OH 44223	ed:	•
4. Date post RU-486 complied 10/30/16	cation began:			
5. Event(s) (Please check all	thạt apply):	•		
Incomplete abortion	Adver	rse reaction to RU-486	Patient hospita	lized
Patient received a transfusion	nSevere bleedin	g		
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks: IJ had Wellow &	Del v	I om facilis	ty on 1	0/31/6
100000		\ _		ŗ
8. a. Name of physician who	provided RU-486	Alexand 1	4. Buil	CHS. MIST
8. b. Physician's signature		XI II	МГ	1/DO
		See 4/1/1/4		
Send completed forms to:	State Me	dical Board of Ohio		ŧ
	Legal Departmen	nt	ME	EDICAL\BOARD
	30 E. Broad St., 3	3 rd Floor		NOV 10 2016
	Columbus, OH 4	3215-6127		-,



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T. Date NO-400 Was provided.	- Johne	Day	duly
		Vay	Year
2. Name of medical practice or facility at which	\sim 0		
Dornead Unio Wo	men Ol		
3. Address of medical practice or facility at which	h RU-486 was provided:	· · · · · · · · · · · · · · · · · · ·	CHI MININE ESPAININE NI PARIS ELEGATION NI LA CONTRA PARIS ELEGATION NI PARIS ELEGATION NI PARIS ELEGATION NI P
21249 5 tarte Rd	In 44723		
4. Date post RU 486 domplication began:		,	4
5. Event(s) (Please check all that apply):	MEDI(CAL BOAT	RD
Incomplete abortion Adverse	reaction to RU-486Par	IN 28 2016 lent hospitalize	d
Patient received a transfusion Severe bleeding			
Other serious event (specify)		MTS New Michigan Control of Contr	mercan frantiscate and the second as
6. Duration of event: Hours	Days		
7. Remarks: It culled lill	b Aledy of	Yn Ni	hely/mise
Us shown Dru all	Gorout St	ruft.	Invilled
Clarked to Jane Swaley	Wrother)	They	and MISO
8. a. Name of physician who provided RU-486	1 U.M. Burk	LNJ	/
8. b. Physician's signature		MD/	<u> </u>
Da	te	1111	
Send completed forms to: State Medi	cal Board of Ohio		
Legal Department			
30 E. Broad St., 3 rd	Floor		
Columbus OH 43			



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:	Jan	29	2014
	Month	Day 1	Year
2. Name of medical practice or facility a			
Northeast Ohiol	Namen's Cente	1	
3. Address of medical practice or facility	A .	led:	
Chartran Full	5 Mu 447	23	
4. Date post RU-486 complication began			
2/10/14	/		
5. Event(s) (Please check all that apply):		MFDI	CAL BOARD
Incomplete abortion	_ Adverse reaction to RU-486	Patient hospitalized	1
		MA	AR 7 2016
Patient received a transfusion Severe	bleeding		
	*	*	
Other serious event (specify)			MARKET 2
6. Duration of event: Hours	Days		
7. Remarks; 4	. 74/7	00	2 3 1 1-12
Pr had per	sun sur su	ulle sor	celevated 190
7. Remarks; A had per	tome on 2/10/16 à	. Complete	in Jab
8. a. Name of physician who provided F	RU-486	Bulkons 1	M.VI
8. b. Physician's signature	11/1/	MO	DO
S. S. V. Nysician o signature	Date 2/5/10		
Send completed forms to: Sta	te Medical Board of Ohio		
Legal Depa	artment		£
30 E. Broa	d St., 3 rd Floor		
Columbus	OH 4224F 6427		with the second