

Sept 19



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: 08 / 15 / 12
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:
12000 Shaker Blvd. Cleve. OH 44120

4. Date post RU-486 event began:
09/08/12

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: 2 Hours _____ Days

7. Remarks:
Abortion completed surgically 9/8/12, no further complications.

8. a. Name of physician who provided RU-486 Rebecca Lowenthal, M.D.

8. b. Physician's signature [Signature] M.D. / D.O.
Date 9/2/12

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

MEDICAL BOARD

SEP 24 2012

Rept #1



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: 04 / 13 / 2011
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:
12000 Shaker Blvd. Cleveland 44120

4. Date post RU-486 event began: 04/27/2011

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 2 Days

7. Remarks:
Abortion completed surgically 4/29/11, no further complication.

8. a. Name of physician who provided RU-486 Rebecca Lowenthal, M.D.
8. b. Physician's signature [Signature] (M.D./D.O.)
Date 7/13/11

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