

MEDICAL BOARD

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

JUL 17 2013

1. Date RU-486 was provided:	4	9 13
1	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:
PLANNED PARENTH	DOD OF GREATER &) 出 0
3. Address of medical practice or	acility at which RU-486 was provid	ded:
25350 ROCKSIDE 1	LO, BEDFORD HTS, OH	44146
4. Date post RU-486 event began	4126/13	,
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 Days	
7. Remarks:		
8. a. Name of physician who provi	ded RU-486/ Dr Sann	H LONGEN
8. b. Physician's signature	Date	M.D./D.O
Send completed forms to:	State Medical Board of Ohio	
•	egal Department	
	30 E. Broad St., 3 rd Floor	ANDROAT DOARS
	Columbus, OH 43215-6127	MEDICAL BOARD
	The state of the	,HV #7 2013
Prescribed: 5//2011		



(Required pursuant to R.C. 2119.123)

Date RU-486 was provided:	5	6 13
. 1	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	ed:
PLANNED PARENTH	OD OF GREATER &) h o
3. Address of medical practice or	acility at which RU-486 was provid	ded:
25350 ROCKSIDE 1	LD, BEDFORD HTS, OH	44146
4. Date post RU-486 event began	3/21/13	,
5. Event(s) (Please check all that		
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion	Severe bleeding	-
Other serious event (specify)		
6. Duration of event:	Hours Days	
7. Remarks:		
8. a. Name of physician who previ	ded BU-486 DIN SANA	H LENGEN
8. b. Physician's signature	Daje 7/11 //	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	MEDICAL BOARD
	Columbus, OH 43215-6127	JUL 17 2013
Prescribed: 5//2011		



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided: Ob (8 2013 Month Day Year	
Month Day Year	-
2. Name of medical practice or facility at which RU-486 was provided:	
PLANNED PAMENTHOOD OF GREATER PHO	
3. Address of medical practice or facility at which RU-486 was provided:	
25350 ROCKSIDE RO, BEDFORD HTS, OH 44146	
4. Date post RU-486 event began	
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 B Days	
7. Remarks:	
8. a. Name of physician who provided PU-486 DN SANAH LENGEN	
8. b. Physician's signature M.D. / D.C. Date 1/2/3	0
Send completed forms to: State Medical Board of Ohio	
Legal Department MEDICAL BOARD	
30 E. Broad St., 3rd Floor	
Columbus, OH 43215-6127 JUL 17 2013	
Prescribed: 5//2011	



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	7	17 12
;	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:
PLANNED PARENTH	OOD OF GREATEN G) H O
3. Address of medical practice or t	acility at which RU-486 was provide	ded:
25350 ROCKSINE 1	LO, BEDFORD HTS, OH	44146
4. Date post RU-486 event began		ş
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:	lours Days	
7. Remarks:		- Am
7. Fromano.		APR 1 5 2013
8. a. Name of physician who provi	ded AU-486 In SANAH	
8. b. Physician's signature	Date	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio	
l	egal Department	
	30 E. Broad St., 3 rd Floor	
	olumbus, OH 43215-6127	
Prescribed: 5//2011		



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	2	26	2013
	Month	Day	Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:	
PLANNED PAMENTH	OOD OF GREATER O	tho	
3. Address of medical practice or	facility at which RU-486 was provide	led:	
	LO, BEDFORD HTS, OH		46
4. Date post RU-486 event began			
	3-14-13		
5. Event(s) (Please check all that	apply):		PPP PPR LINE COLONIA II S. (SALVI) (LINE PRINCIPA PRINCIP
Incomplete abortion	Adverse reaction to RU-486	Patient ho	ospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours <u>&</u> Days		
7. Remarks:			MEDICAL BOARD APR 1 5 2013
8. a. Name of physician who prov	ided RU486 DN SANAH	LENGT	
8. b. Physician's signature	Date 4/9/	3	M.D/D.O
Send completed forms to:	State Medical Board of Ohio		
	Legal Department		
;	30 E. Broad St., 3 rd Floor		
	Columbus, OH 43215-6127		
Prescribed: 5//2011			



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	2	5 2013
·	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:
PLANNED PARENTH	ODD OF GREATEN A	tho
3. Address of medical practice or	acility at which RU-486 was provid	led:
25350 ROCKSINE 1	LO, BEDFORD HTS, OH	44146
4. Date post RU-486 event began	2-22-13	÷
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 Days	
7. Remarks:		
8. a. Name of physician who provi	ded AU-486 On SARAH	LENGEN
8. b. Physician's signature	Date	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio	
·	Legal Department	MEDIA
	30 E. Broad St., 3 rd Floor	CAL BOARD
	Columbus, OH 43215-6127	MEDICAL BOARD APR 1 5 2013
Prescribed: 5//2011	,	The state of the s



(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	2	19 13
	Month	Day Year
2. Name of medical practice or fa	cility at which RU-486 was provide	d:
PLANNED LANON	THOOD OF GRATER O	140
3. Address of medical practice or	facility at which RU-486 was provid	ded:
25350 hours, DE DO,	BEDFORD ITTS, OH 44141	
4. Date post RU-486 event began	3/8/13	
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:	HoursI_ Days	Men
7. Remarks:		APR 1 5 2013
8. a. Name of physician who provi	ded RU-486 Dr JAMA	LENGEN
8. b. Physician's signature	Date	MD./D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	
	Columbus, OH 43215-6127	
·	Osidinado, Off 70210-0127	
Prescribed: 5//2011		