

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	Date RU-486 was provided: Sept	
Month		Day Year
2. Name of medical practice or fa		
Planned Parenthe		
3. Address of medical practice or t		
25350 Rockside Rd	, Bedford Hts, OH 4	4146
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:I	lours Days	
7. Remarks:		
4		
8. a. Name of physician who provi	90 RU-486 Sarah Smit	h, MD
8. b. Physician's signature		M.D. / D.O
	pare 1/15/13	Wi.D. 7 D.O
Send completed forms to:	State Medical Board of Ohio	
	egal Department	
30 E. Broad St., 3 rd Floor		MEDICAL BOARD
¢	olumbus, OH 43215-6127	JAN 2 4 2013
	102100121	JAN 2 2 2013
Prescribed: 5//2011		

Suport #97



State Medical Board of Ohio Report of RU-486 EventMEDICAL BUARD

(Required pursuant to R.C. 2119.123)

SEP 1 0 2012

Date RU-486 was provided:	dune	12	2012		
	Month	Day	Year		
2. Name of medical practice or facility at which	ch RU-486 was pr	ovided:			
Planned Parenthood of No					
1 complete 1 proport regard of 100	Willest OV	wo			
3. Address of medical practice or facility at wh	hich RU-486 was p	orovided:			
25360 Rochade for					
Beaford Hts, OH					
4. Date post RU-486 event began:					
E/29/12	,				
5. Event(s) (Please check all that apply):					
Incomplete abortion Adverse	rocation to DU 406	Detient h	oonitalised		
Adverse	reaction to RU-486	Patient no	ospitalized		
Patient received a transfusion Severe t	aleeding				
	oloculing .				
Other periods asset (asset)					
Other serious event (specify)					
6. Duration of event: Hours Days					
7. Remarks:		2			
8. a. Name of physician who provided RU148	6 Savalik	Smith	MD		
8. b. Physician's signature	10	0	(MD)/DO		
	9/4/1	2/	M.D.// D.O		
- Date	e ([-\[[8	/		
Send completed forms to: State Medic	al Board of Ohio				
Legal Depa	rtment				
30 E. Broad	l St., 3 rd Floor				
Columbus,	OH 43215-6127				

Rpt#16



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	:	1)	10	2011
		Month	Day	Year
2. Name of medical practice of	or facility at which	RU-486 was pr	ovided:	
PPNEO				
3. Address of medical practice				
19550 ROCKS,	DE RO,	BEDFORD,	04 4	4146
4. Date post RU-486 event beg	gan: 14 / 3	/11		
5. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Adverse re	action to RU-486	Patier	nt hospitalized
Patient received a transfusion	Severe ble	eding		
Other serious event (specify)	HEMATOME	TRA		
6. Duration of event:	Hours	Days Days		,
7. Remarks:				
	Λ.			
8. a. Name of physician who p	Ovided/RD-486	DR. SA	MAH SMI	H
8. b. Physician's signature	X	, /, /		(M.D)/D.O
o. s. v nyololan o dignature	Date_	0/2/1	2.	WI.59 / B.O
Send completed forms to:	State Medical	Board of Ohio		MEDICAL DOAD
	Legal Departn			MEDICAL BOARD
	30 E. Broad S			JUN 19 2012
		1 43215-6127		



State Medical Board of Onio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		In	4	2-11		
		Month	Day	2011 Year		
2. Name of medical practice or facility at which RU-486 was provided:						
3. Address of medical practice of				44146		
71330 123 75	100 1		,			
4. Date post RU-486 event bega	an:					
5. Event(s) (Please check all that	at apply):					
Incomplete abortion	Adverse r	eaction to RU-486	Patie	nt hospitalized		
Patient received a transfusion	Severe bl	eeding				
Other serious event (specify) HEMATO METRA						
6. Duration of event:1	_ Hours	Days				
7. Remarks:						
			•			
				*		
8. a. Name of physician who provided RU-486 An. SARAH SMITH						
8. b. Physician's signature M.D. / D.O Date						
Send completed forms to:	State Medica	l Board of Ohio	,			
ZOIS MAY 29 PM 2: 15	Legal Depart 30 E. Broad		ME	DICAL BOARD		
ORADB JADICAL BOARD OF OHIO		9H 43215-6127		MAY 29 2012		

Rept# 10



State Medical Board of Grio 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	l;	11	01	2011
		Month	Day	Year
2. Name of medical practice of	or facility at wh			1 5 60
PPNEO	,			
11100				
3. Address of medical practice	or facility at w	hich RU-486 was	s provided:	
19550 ROULSII	DE Ro.	BEDFORD,	οH	44146
4. Date post RU-486 event be	gan:			
5. Event(s) (Please check all ti	hat apply):			
✓ Incomplete abortion	Advers	e reaction to RU-486	P	atient hospitalized
Patient received a transfusion	Severe	bleeding		
Other serious event (specify) _				
6. Duration of event:	Hours	⊅ Days		
7. Remarks:			- 1	
8. a. Name of physician who p	royidad PUI	de /la car	241 5.	1177
	Toylded HO-4	90 / B/C. 13/11	1 1	
8. b. Physician's signature	Da	10 Je	122/1	7 M.D. / D.
Send completed forms to:		cal Board of Ohio)	
	Legal Depa		,	
SOIZ HAY 29 PM 2	,	d St., 3 rd Floor	-	
STATE MEDICAL E OF OHIO		OH 43215-6127	M	DICAL BOARD
OVALE MEDICAL	o o la l'ilodo,	0.1 -10-0121		MAY 20 2012

Prescribed: 5/--/2011

Report#26



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		3	13	2012
		Month	Day	Year
2. Name of medical practice or	facility at which	RU-486 was	provided:	
Planned Parentho	od of No	Theags	- Olivo	
	0			
3. Address of medical practice		h RU-486 wa	as provided:	
25350 Rocherde R	20			
Bedford Hts OI				
4. Date post RU-486 event beg	an: 1/5/12			
5. Event(s) (Please check all th	at apply):			
Incomplete abortion	Adverse rea	action to RU-48	6 Patie	nt hospitalized
Patient received a transfusion	Severe blee	eding		
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:				
,4				
8. a. Name of physician who pr	ovided RU-486	Saroh	K Smith	MD
8. b. Physician's signature	(X 11 0	1)	,	M.D. / D.O
	Date_	3/11/	12	W.D. / D.O
Send completed forms to:	State Medical	Board of Ohi	0	
	Legal Departm	ent		MEDIGAL BOARD
	30 E. Broad St	., 3 rd Floor		WEBIGAL BO
	Columbus, OF	43215-612	7	WEDION 0 4 5015

Report # 24



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:	0	0.1	0			
1. Bate 110 400 was provided.	Month	Dov	1017			
2. Name of modical practice or f		Day	Year			
2. Name of medical practice or fa						
Planned Parenthoo	d of Norma	st Ohio				
3. Address of medical practice or	facility at which RU-486	was provided:				
25350 Rockende R. Beaford Hts OH	L		- 1513			
Beaford Hts OH	14146					
4. Date post RU-486 event began	1: 1/1/1/10					
5. Event(s) (Please check all that	apply):					
Incomplete abortion	Adverse reaction to RU-	486 Patient h	ospitalized			
		Too Lateria	oophanzoa			
Patient received a transfusion	Severe bleeding					
Other serious event (specify)						
Curior corrocae over (Openity)						
6 Duration of events	Llaura Davis	· Months of the second of the	-			
6. Duration of event: Hours Days						
7 Demonstra						
7. Remarks:						
O a Nama of physician who prov	ided DU 400 Care	1 1- 51 1	. WD			
8. a. Name of physician who prov	ided RU-486 Sara	h K Shut	7000			
8. b. Physician's signature) /1	(M.D)/ D.O			
	Date	24/12				
Send completed forms to:	State Medical Board of O	hio				
	Legal Department					
	30 E. Broad St., 3 rd Floor		AL DOADD			
	Columbus, OH 43215-61	MEDIC	AL BOARD			
		MA	y 0 4 2012			

Prescribed: 5/--/2011



Prescribed: 5/-/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		3	6	2012	
		Month	Day	Year	
2. Name of medical practice or	facility at wh	ich RU-486 was pr	ovided:		
Planned Parentno	od of	NOVHADASI	Shin	*	
(10,000)		100.100021	0190		
3. Address of medical practice of	or facility at w	hich RU-486 was p	provided:		
25350 Rochende 1	2d Be	ed ford Hts C	TH 4414	(6	
4. Date post RU-486 event bega	an:				
3/20/19	2				
5. Event(s) (Please check all that					
V					
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 pro	ovided RU-41	36 Sarah K S	mith M	D	
8. b. Physician's signature	XV	//		M.D. / D.O	
	Dat	e3/27	112		
Cond completed forms to					
Send completed forms to:		cal Board of Ohio	MED	GAL BOARD	
			and the same of	UNARD	
			Al	R = 8 2012	
	Columbus,	OH 43215-6127			
		artment d St., 3 rd Floor OH 43215-6127	Al	PR = 8 2017	

Rept#4



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

Date RU-486 was provided:	12	9	11
	Month	Day	Year
2. Name of medical practice or facility at whi	ich RU-486 was pr	ovided:	
Planned Parenthood of	Novtheast	OH	
3. Address of medical practice or facility at w	hich BU-486 was i	provided:	
			101011
19950 Rochende Rd	Beator	of OH 9	19196
4. Date post RU-486 event began:			
12/22/11			
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse	reaction to RU-486	Patient	hospitalized
Patient received a transfusion Severe	bleeding		
Other perious system (and attack)			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:	<u> </u>		
Agrana and a second a second and a second an			
	0		
R. a. Name of physician who provided DIV 45	6 Daral	ak Mil	M
8. a. Name of physician who provided RU-48	19 19 W	The Street	1
8. b. Physician's signature	XXX	1-11-	M.D. / D.O
Date	e	124112	
V			
The state of the s	cal Board of Ohio		
Legal Depa			
30 El Bidad	70 10014PEQ.12		
Columbus,	OH 43215-6127		
BOARD.	STATE MEDICAL		