

(Required pursuant to R.C. 2919,123)

1. Date RU-486 was provi	ded:	$\bigcap$	<u>.</u>	2617
a marine i mercan masquasi Serbel Selgia 🕻 Mg 74 78		Month	Day	Voor
2. Name of medical practi Planned Parek	ce or facility at which R NHOOD Eas	SH SUC	wided:	Year
3. Address of medical prac 3255 East Ma	tice or facility at which	RU-486 was pi LNNDUS,	rovided: Chic 43	1213
4. Date post RU-486 comp	lication began: 1/2	13/17	* ·	
5. Event(s) (Please check a	l that apply):	N		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
$\sum$ Incomplete abortion	Adverse re	eaction to RU-486	Patient hospital	ized
Patient received a transfusion	on Severe bleeding			,
Other serious event (specify	)			· .
6. Duration of event:	Hours 1	_ Days	and the second s	
7. Remarks:  1)+( after inc	complete ti	edicatio	on About	ion
8. a. Name of physician who	provided RU-486	Cather	ine Roma	n05
8. b. Physician's signature	Date		ノ ・竹	/00 -/01-7
Send completed forms to:	State Medical	Board of Ohio		
,	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup> Flo	oor	MEDICAL BO	CIRA
	Columbus, OH 43215	5-6127	FEB 0.1 70	



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	:d:		19	3017
		Month	Day	Year
2. Name of medical practice Planned Parer				
3. Address of medical practions 3255 East Ma		and the second of the second o		13
4. Date post RU-486 complic	ration began:	30/17		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse	e reaction to RU-486	Patient hospitalize	ed
Patient received a transfusior	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks: Incomplete MIA	B requiri	ng 030		
8. a. Name of physician who	provided RU-486	Catherin	re Roman	0S
8. b. Physician's signature	Da	ate	) 9/2·/1	7
Send completed forms to:	State Med	ical Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 <sup>rc</sup>	<sup>i</sup> Floor		
	Columbus, OH 43	215-6127	MEGICA	Lanarn

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

FEB 2 2 2017



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		_2	Le	2017
2. Name of medical practice or Planned Parenty	facility at which RI	Month J-486 was provid SUVGICA	Day ed:	Year
3. Address of medical practice of 3255 East Mair			21 12 21	3
4. Date post RU-486 complication	on began: 2/10	1/17		
5. Event(s) (Please check all tha  Incomplete abortion  Patient received a transfusion	Adverse re	action to RU-486	Patient hospitalized	
X Other serious event (specify)		lication /	Abortica	
6. Duration of event:	_ Hours	Days		
7. Remarks: Failed Mic requiring	dication. Surgical	Aburtion D+C	·	
8. a. Name of physician who pro	ovided RU-486 Date		ROMEUM De Jan 1	no
30	State Medical gal Department E. Broad St., 3 <sup>rd</sup> Fic lumbus, OH 43215		MUDIT AL	



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	2	23	
		Month	Day	Year
2. Name of medical practic	e or facility at which RU Paseのかいのの	-486 was provide .•	ed:	
3. Address of medical pract	ice or facility at which RI			
4. Date post RU-486 compli	cation began:			
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse read	ction to RU-486	Patient hospitalized	
Patient received a transfusio	n Severe bleeding			
Other serious event (specify)	Marine and the second s			
6. Duration of event:	Hours I	Days		
7. Remarks: Mech Al	3 incomplete	MISO	apeal dus	ing.
8. a. Name of physician who	provided RU-486	Romano	5	
8. b. Physician's signature	Date _		3/7/	, <u>o</u> 17
Send completed forms to:	State Medical E	Roard of Ohio		
	Legal Department	Joana of Office	•	
•	30 E. Broad St., 3 <sup>rd</sup> Floo	or		
	Columbus, OH 43215-		MEDICAL BO	PARD
			MAR 1 7 201	7

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	2	30	2017
		Month	Day	Year
2. Name of medical practice Planned Pare				
3. Address of medical pract	ice or facility at whi かんいう らも	ch RU-486 was pi (O しゃかし	rovided:	7.(3
4. Date post RU-486 compli	cation began: $ u$	13/11		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Advers	e reaction to RU-486	Patient hospital	ized
Patient received a transfusio	n Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks: DiC perfun	ud, unc	cempl call	rd.	
8. a. Name of physician who	provided RU-486	· Cather	ne Roman	<i>D</i>
8. b. Physician's signature	Da	ate		700
Send completed forms to:	State Med	lical Board of Ohio	0	
	Legal Department	t		
	30 E. Broad St., 3 <sup>r</sup>	<sup>d</sup> Floor		U BOARD
	Columbus, OH 43	3215-6127		AL BOARD
		4	QQ X	0.7 2017

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



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	04	13	2017
·	Month	Day	Year
2. Name of medical practice or facility at Planned Parenthoo		ded:	
3. Address of medical practice or facility a	·		
3255 E. Man St, (0	lumkus OH	43213	
4. Date post RU-486 complication began: $\frac{4}{128}$			
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitali	ized
Patient received a transfusion Severe bl	eeding		,
Cother serious event (specify) Faile c	1 Albertion		
6. Duration of event: Hours _	15_Days		
7. Remarks:		:	
8. a. Name of physician who provided RL	1-486 Dr Lou	ither.	
8. b. Physician's signature	Date _5/11	17 MD	0.0
Send completed forms to: State	e Medical Board of Ohio		
Legal Depar	tment	ME	PIGAL COARD
30 E. Broad	St., 3 <sup>rd</sup> Floor		MAY 1 6 2017
Columbus, (	DH 43215-6127	•	min a w well



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

			•
1. Date RU-486 was provided:	A. Dril	74	0017
-	Month	Day	2017
2. Name of medical practice or facility at which RU	-486 was provid		Year
Planned Parenthood East	C// = =	ieu.	
L Tox. or toco Tupod Edsi	surgery	Center	
3. Address of medical practice or facility at which R	U-486 was prov	ided:	
		1	
3255 E. Main St. Columb	US, OH C	13217	
4. Date post RU-486 complication began:			
5/1/17			
5. Event(s) (Please check all that apply):			MEDICA
( )		; 	
Incomplete abortion Adverse rea	ction to RU-486	Patient hospitalized	MAY 1 2 201
			-
Patient received a transfusion Severe bleeding			5
			e e e e e e e e e e e e e e e e e e e
Other serious event (specify)			
6. Duration of event: NA Hours	D	J.	
o. Buration of eventHours	Days		
7. Remarks:	0		
Irrcomplete MAB, Do	10 perfor	med 5/9/17	
	1		
		1	
8. a. Name of physician who provided RU-486	Roma	N/O S	
8. b. Physician's signature	<del>- ( )</del>	Mo 100	
Date -		519	47
Send completed forms to: State Medical	Board of Ohio		
Legal Department	J.		na BOAF
30 E. Broad St., 3 <sup>rd</sup> Flo	or	MEI)	
		N.	, 2 2017
Columbus, OH 43215	-017\		
Prescribed: 5//2011, Rev. 12/13/12		,	

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(Required pursuant to R.C. 2919.123)

				•
1. Date RU-486 was provide	ed:	Tune		2017
		Month	Day	Year
2. Name of medical practic	e or facility at which fust Surgeri	RU-486 was provid	led: nned Par	
3. Address of medical praction 3255 E. Mar. 4. Date post RU-486 complished. 5. Event(s) (Please check all	cation began:  that apply):			
Patient received a transfusion  Other serious event (specify)	Severe bleeding	· Ometra	Patient hospitali	
6. Duration of event:	Hours	Days		
7. Remarks: Patient	had aspir	ration on	6/9/17	
8. a. Name of physician who	provided RU-486 Date	Cathen	/ 90	Anos Anos
Send completed forms to:	State Medic Legal Department 30 E. Broad St., 3 <sup>rd</sup> F Columbus, OH 432		MEDICA: 90	
Prescribed: 5//2011 Pay 17/12/12				



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

			•
1. Date RU-486 was provided:	June	1	2017
	Month	Day	Year
2. Name of medical practice or facility at which F Planned Paventhose	RU-486 was provid 1 East	ed:	
3. Address of medical practice or facility at which	RU-486 was prov	ided:	
3255 E Main St. (	olum bu	SOH U	13213
4. Date post RU-486 complication began:	MABE		
1 failed	eaction to RU-486	Patient hospitali	zed .
Patient received a transfusion Severe bleeding			
Other serious event (specify)		i .	
6. Duration of event: Hours	_ Days		
7. Remarks: Surgical AB after	Medical	AB on	6/22/17
	Car	herine	
8. a. Name of physician who provided RU-486	Long	anos	
8. b. Physician's signature		Mo	400_
Date:		6/27/L	
Send completed forms to: State Medica	al Board of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> F	loor		
Columbus, OH 432	15-6127		
		MEDICAL 8	OARD
Prescribed: 5//2011, Rev. 12/13/12		JUN 28	2017

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

			13	•
1. Date RU-486 was provided:		June	26	2017
		Month	Day	Year
2. Name of medical practice or fa	acility at which RL It hood Ed	J-486 was provic ASH	led:	
3. Address of medical practice or	facility at which F	RU-486 was prov	ided:	
3255 E. Main St	: Colur	nbus oH	43213	
4. Date post RU-486 complication	began: Une 21e	12017		
5. Event(s) (Please check all that				
Incomplete abortion	Adverse rea	action to RU-486	Patient hospitalize	d .
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:				
le/2le-8urgica	1 AB aft	rincon	plate Ma	d AB
8 a Namo of physician ul		( a il a	100	
8. a. Name of physician who prov	vided RU-486	Lathern	kanan.	<u>ئل</u>
8. b. Physician's signature			(MB)	00
	Date		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	17 er
Send completed forms to:		Board of Ohio	(,	0/27/7
	al Department			1 /
	E. Broad St., 3 <sup>rd</sup> Flo			
Colu	ımbus, OH 43215	5-6127	MEDICAL	BOARD
Prescribed: 5//2011, Rev. 12/13/12			JUN 2 8	3 2017

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

4 5				
1. Date RU-486 was provid	ed:	10	2-3	-
		Month	Day	Year
2. Name of medical practice  East Pi	e or facility at which RI Cunnel Parn	J-486 was provic L&d	ed:	
3. Address of medical pract	ice or facility at which i	RU-486 was prov	ided:	
3255 B. Ma	~ .		S, OH 43	213
4. Date post RU-486 compl		17		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse re	action to RU-486	Patient hospitali:	zed
Patient received a transfusio	n Severe bleeding		' '	
/				
Other serious event (specify)	-tailed	NAB	,	
6. Duration of event:	Hours	Days		
7. Remarks:	7/3/17 at	MAG C		
JNO HOUSE		1011	ow up app	43
,		_		
8. a. Name of physician who	provided RU-486	Cath	enne 20	Manos
8. b. Physician's signature				11010163
	Data		(M.D.)	/00
Send completed forms to:	Date			7 /1 /
- 2112 gottibleten follili? [0]		Board of Ohio		
·	Legal Department 30 E. Broad St., 3 <sup>rd</sup> Flo			
	Columbus, OH 43215		MEC	DICAL BOARD
		-017\		
Prescribed: 57 /2014 D				JUL 1 0 2017

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(Required pursuant to R.C. 2919.123)

1 Data DU 405	
1. Date RU-486 was provided:	3 2017
Month	Day Your
2. Name of medical practice or facility at which RU-486 was provid	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Planned Parenthard East	
1 Willed Farenthand Car	
3. Address of medical practice or facility as a list as	
3. Address of medical practice or facility at which RU-486 was prov	ided:
3255 E. Main St. Columbus,	OH 43213
4. Date post RU-486 complication began:	
7/10/17	
5. Event(s) (Please check all that apply):	
Incomplete abortion Adverse reaction to RU-486	
Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion Severe bleeding	
Severe bleeding	
Other serious event (specify)	1
6 Durotion of your	
6. Duration of event: Hours Days	
7. Remarks:	
7. Nemarks.	
•	
C . 0	
8. a. Name of physician who provided RU-486	the longras
8. b. Physician's signature	
- Strayston Sagnature	MD/BO
Date	7/12/11
Send completed forms to: State Medical Board of Ohio	
The mountain bodie of Office	
Legal Department	
30 E. Broad St., 3 <sup>rd</sup> Floor	MEDIO: BOARD
Columbus, OH 43215-6127	JUL 13 KINT
Prescribed: 5//2011, Rev. 12/13/12	·
	£.

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provid	ded:	07	07	17
		Month	Day	Year
2. Name of medical practi	ce or facility at which RU	-486 was prov	rided:	
3. Address of medical prac	tice or facility at which R	U-486 was pro	ovided:	
12000 Shaker (	Sivel Clevela	nd 4	4120	
4. Date post RU-486 compl	ication began:	1/17		
5. Event(s) (Please check al	I that apply):	<i>I</i>		-
Incomplete abortion	Adverse rea	ction to RU-486	Patient hospitalize	d
Patient received a transfusion	on Severe bleeding			
Other serious event (specify	)			
6. Duration of event:	Hours	Days		
7. Remarks:	4			
	Λ			
8. a. Name of physician wh	o provided RU 486	Mitch	D Riller.	U.D.
8. b. Physician's signature	Date _	8/7	7/17 MD/	D.O
Send completed forms to:	State Medical E	Board of Ohio		
	Legal Department		SAEDIO.	
	30 E. Broad St., 3 <sup>rd</sup> Floo	or	MEET LESS - A	N ROMRII
	Columbus, OH 43215-	6127	AUG	0 7 2017



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	7	28	
	Month	20	
2. Name of medical practice or facility at well planned Parel	which DIL 40c	led: St Surgi	Year i Ca. (
3. Address of medical practice or facility at			
J255 E Main St.	Combus	ided: OH 432	-/3
4. Date post RU-486 complication began:  5. Event(s) (Please check all that apply):	4/17		
Vinconsolve I is	erse reaction to RU-486	Patient hospitalized	d
Patient received a transfusion Severe bleed	ling		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
3. a. Name of physician who provided RU-48	6 Miche	lle Islay	
b. Physician's signature	muly	M.D./1	2.0
	Date & IN	17	<del></del>
end completed forms to: State Me	edical Board of Ohio		
Legal Departme			
30 E. Broad St.,			
Columbus, OH 2			
•		ME	NOAL BOURD
escribed: 5//2011, Rev. 12/13/12			AUG 1 0 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		8	10	17
	. · · -	Month	Day	Year
2. Name of medical practice or fac	ility at which RU Inerothood	-486 was provi	 ded:	169
3. Address of medical practice or fa	cility at which R	U-486 was prov	vided:	
3255 6 Main (	Pt. Col	umbus, a	)H 4321.	3
4. Date post RU-486 complication b	pegan:			
5. Event(s) (Please check all that ap	ply):			
Incomplete abortion	Adverse read	ction to RU-486	Patient hospitalize	ed
Patient received a transfusion Se	evere bleeding		:	
Other serious event (specify)	Fouled N	LAB		
6. Duration of event: H	ours	Days		
7. Remarks: Diktion and =	suction-	unamplia	atd.	
8. a. Name of physician who provid	ed RU-486	Cath	erihe V	omlinos
8. b. Physician's signature				/D.O.
	Date _	8/	22/17	
Send completed forms to:	State Medical E	Board of Ohio		
Legal I	Department			
30 E. E	Broad St., 3 <sup>rd</sup> Floo	or	MEDIC	Q0000.1
Colum	bus, OH 43215-	6127		24700

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1 Data DIL 400				
1. Date RU-486 was provided:		8	28	17
		Month	Day	Year
2. Name of medical practice or facility (Panned Parentha	y at which RU-4 of East	86 was provid	ed: y Ctr.	
3. Address of medical practice or facil	ity at which RU-	486 was prov	ided:	
3255 E. Main St.	Columb			
4. Date post RU-486 complication beg	gan: 9/7	117		
5. Event(s) (Please check all that apply	/):			
	Adverse reacti	on to RU-486	Patient hospitalize	d .
Patient received a transfusion Seve	re bleeding			
Other serious event (specify)				
6. Duration of event: Hou	rs Da	ays		
7. Remarks: Uncamplicate	d sucha	n pinced	lice.	
8 a Nama of physician add		(:410)		
8. a. Name of physician who provided	RU-486	Cathe	The Roma	ines
8. b. Physician's signature			NO NO	0.0
	Date —		9/21	
Send completed forms to:	tate Medical Bo	ard of Ohio	,,,,	
	partment	G O O O O		
	ad St., 3 <sup>rd</sup> Floor			
	s, OH 43215-61	i	MED	DICAL BOAFT
	,			SEP & 8 701.
Prescribed: 5//2011, Rev. 12/13/12				

N.



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

				•
1. Date RU-486 was provid	ed:	9	12	17
		Month	Day	Year
2. Name of medical practic Puned Pa	e or facility at which nevithood E	ast Surgen	ed:	
3. Address of medical practi	ce or facility at which	ch PII-496	:	
3255 E. Main	St. Co	lumbus Ol	43213	
3255 E. Main 4. Date post RU-486 complie 9/25/1	cation began:	illow up		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse	reaction to RU-486	Patient hospitalized	d .
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	failed	MAB		Marrie Ma
5. Duration of event:	Hours	Days		
7. Remarks:				
į				
. a. Name of physician who	provided RU-486	Miche	· ( TS/-	
. b. Physician's signature			MD /	D.O.
	Dat	te	(7	
end completed forms to:	State Medic	cal Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup>	Floor		
	Columbus, OH 432			
	.,	J.L.	MED	OICAL BOARD
escribed: 5//2011, Rev. 12/13/12			1 V 1 Section	

OCT 1 1 2017



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	01	18	17
	Month	Day	- L
2. Name of medical practice or facility at which F Planned Parentheed Edsl	RU-486 was provid		Year
3. Address of medical practice or facility at which	RU-486 was prov	ided:	
3255 E. Main St. Colum			•
4. Date post RU-486 complication began: $\frac{9}{22}$		() (1)	
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse re	eaction to RU-486	Patient hospitalize	d _
Patient received a transfusion Severe bleeding			•
Nother serious event (specify) Failed	Medication	abortion	: -
6. Duration of event: Hours	_ Days		
7. Remarks: uncamplicated s	such an		
8. a. Name of physician who provided RU-486	Cata	enne Pe	manos
8. b. Physician's signature		MD	0.0_
Date		) 9/2	5/17
Send completed forms to: State Medica	l Board of Ohio	- / ·	
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> F	loor		
Columbus, OH 4321 MEDICAL BOARD Prescribed: 5/-SEP. 208 1247/12	J		
Prescribed: 5/-Stop1, Beg 13/12			



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	9	21	10
	Month	Day	<u> </u>
2. Name of medical practice or facility at which funced Parenthood	RU-486 was provid		Year
3. Address of medical practice or facility at whic			
3755 E Maih St. Co	lumbus a	DH 422	
4. Date post RU-486 complication began:		132	1)
5. Event(s) (Please check all that apply):			
Vincomplete abortion Adverse	reaction to RU-486	Patient hospitalized	d
Patient received a transfusion Severe bleeding			· ·
Other serious event (specify)			
6. Duration of event: Hours	Days		-
7. Remarks:			
anompraisa Di			
:			
8. a. Name of physician who provided RU-486	Caffa	ente Rom	anos
8. b. Physician's signature	<u></u>	MO/	0.0
Dat	e	5 9/27/	17
Send completed forms to: State Medic	cal Board of Ohio	/	
Legal Department			
30 E. Broad St., 3 <sup>rd</sup>	Floor		
Columbus, OH 432	15-6127	MED	DICAL BOARD
·			SEP 2 8 2017
rescribed: 5//2011, Rev. 12/13/12		•	

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1 Date BULAGE	100	•
1. Date RU-486 was provided:	25	2017
Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provi	ded:	
Planned Parenthood East Surgery		
3. Address of medical practice or facility at which RU-486 was prov	ided:	
3255 E Main St. Columbus, OH	,,72,,-	
4. Date post RU-486 complication began:	4545	
03/17		
5. Event(s) (Please check all that apply):		
Incomplete abortion Adverse reaction to RU-486	Patient hospitalize	<b>vi</b>
		· · · · · · · · · · · · · · · · · · ·
Patient received a transfusion Severe bleeding		
	70111111111111111111111111111111111111	
Other serious event (specify)	•	
11		
5. Duration of event: Hours Days		
7. Remarks:		
Lencicaja alecho		
· ·		
į.		
0.1/	,	
. a. Name of physician who provided RU-486	reme Pr	2000
. b. Physician's signature		manos
, solution of the second of th	(MD)	0.0
Date	2 10/16	(0)
end completed forms to: State Medical Board of Ohio		AACO
Legal Department		MEDICAL BOAI
		OCT O S ASS
30 E. Broad St., 3 <sup>rd</sup> Floor		OCT 2 3 2017
Columbus, OH 43215-6127		
escribed: 5//2011, Rev. 12/13/12		

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	OCH	9	2017
		Month	Day	Year
2. Name of medical practic	e or facility at whic	h RU-486 was provi	ded:	
Planned go	wenthood	East Surg	en	
3. Address of medical practi		0	: /	
			<b>\</b>	
3255 E Mai	nst. u	olumbus, o	H 4321-	3
T. Date post NO-486 Compil	cation began: ((3>((7)	•		
5. Event(s) (Please check all				
Incomplete abortion	Advers	se reaction to RU-486	Patient hospital	ized
Patient received a transfusio	n Severe bleeding	3		
Other serious event (specify)	failed	1 MEB		
6. Duration of event:	Hours	Days		
7. Remarks:				
8. a. Name of physician who	nrovided PILAGE	Cost	ar ha for	nanos
8. b. Physician's signature	provided NO-488		ex ive i or	nanoj
o. b. rhysician s signature			- MD	100
Conditional 1.15		ate	10,	110/1/
Send completed forms to:		dical Board of Ohio		
	Legal Department 30 E. Broad St., 3 <sup>r</sup>			
	Columbus, OH 43		3 BF	TOLONI BOARI
		)~1J-01Z/	Mt	EDICAL BOARD
Prescribed: 5//2011, Rev. 12/13/12				OCT 1 8 2017

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#### State Medical Board of Ohio Report of RU-486 Event MEDICAL BOARD

To be completed by the physician who provided RU-486

NOV 0 3 2017

			- LUI/
1. Date RU-486 was provided:		11	11
	Month	Day	
2. Name of medical practice or facility at which RL Planned Paventhood	J-486 was provid	ed: Surgen	Year
3. Address of medical practice or facility at which F Columbus OH 43213	RU-486 was prov	ided:	
4. Date post RU-486 complication began: $ O  \le  O $			
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse rea	ection to RU-486	Patient hospitalize	d <u>.</u>
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
uncomplicated	D.C		
8. a. Name of physician who provided RU-486	Catho	· / //	
8. b. Physician's signature	Color		no-
Date -		10/31/1	)
Send completed forms to: State Medical I	Board of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> Floo			
Columbus, OH 43215-	6127		
Prescribed: 5//2011, Rev. 12/13/12			



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1 Dieta DI 100			•
1. Date RU-486 was provided:	1214	110	2017
	Month	Dav	
2. Name of medical practice or facility at which RI	J-486 was provid	ed:	Year
Planned Parenthood East	<u> </u>	The Salar State of the Salar Sta	
		Center	
3. Address of medi 32.55actional fasility at which i	RU-486 was prov	id od.	
Columbus OH 43213	io ioo was piov	iueu:	
			1
4. Date post RU-486 complication began:			
	, <del>-</del>		
5. Event(s) (Please check all that apply):			
	*		
	action to RU-486	Patient hospitalize	
		radent nospitalize	2Q -
Patient received a transfusion Severe bleeding			
Other serious event (specify)		•	
Copecity)			
6. Duration of event: Hours	Days		
7. Remarks:			
1	_		
uncomplicated i	)'('		
į.			
8 a Nama of physics	0-10		
8. a. Name of physician who provided RU-486	- Cagh	ente ko	manos
8. b. Physician's signature		MR	/ D. C.
Date			10/17
Sandagamalar		11/6	roft/
	Board of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> Flo			
Columbus, OH 43215	5-6127	8.00	:DICA
•		4A1C	DICAL BUARIT
Prescribed: 5//2011, Rev. 12/13/12			NOV 3 0 2017

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	d:	Dal		
	•••	164	18	2017
2. Name of medical practice	0.5-111	Month	Day	Year
2. Name of medical practice	Or racility at which R	U-486 was provid	led:	
runna	Parenthood	tast sur	glory	Andrews Christian Special States (1984)
3. Address of medical practic				
2056 1	<u> </u>	NO-480 Was prov	iaea:	•
Jos) t. Mair	2 St. Co	umbus o	4 4321	<b>2</b> '
3255 E. Mail  4. Date post RU-486 complica	ation began:			
	10/23	117		`
5. Event(s) (Please check all t				
1.1				
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion	Savana bila a ti			-
	severe bleeding			·
Other contains				
Other serious event (specify)				
6. Duration of event:	Hours	_ Days		
7. Remarks:				
unra	implicateci	DC		
8. a. Name of physician who	provided RU-486	Catha	ine Rom	Bu
8. b. Physician's signature	/	, Colvier	100 1000	anos
or or mysician s signature		<u>'</u>	(MD	100
	Date		12	25 17
Send completed forms to:	State Medica	Board of Ohio		/
	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup> Fl	oor		
	Columbus, OH 4321	1	. <b>M</b>	EDICA: n=
•		,		EDICA BOARD
Prescribed: 5//2011, Rev. 12/13/12				OCT 3 0 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date BULAGO					
1. Date RU-486 was provided:	10	)	(B	רֹן	
2 Name of II	Mont	h .	Day	Year	
2. Name of medical practice or facility at ? (and Paventhe	which RU-486 w	Surg	ed: 2rty		
3. Address of medical practice or facility a 3255 E. Mair Columbus O	n St.	was prov	ided:	4	
4. Date post RU-486 complication began: しつ(25)に	7	•-			
5. Event(s) (Please check all that apply):					
Nacomplete at any	Adverse reaction to	RU-486	Patient hospitalized		
Patient received a transfusion Severe bl	eeding				
Other serious event (specify)					
6. Duration of event: Hours _	Days				
7. Remarks:					
uncemplicated 1	C				
is .					
8. a. Name of physician who provided RU	196	Ball		•	
3. b. Physician's signature	-400	Lity	erinc R	omano	<u></u>
	Date			20	
end completed forms to: State			11/2/1	)	
	Medical Board o	f Ohio			
Legal Depart			,		
30 E. Broad S			MEDICA	L BOARD	
Columbus, O	H 43215-6127			0 6 2017	

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:			•
was provided:	Nov	9	2017
2. Name of medical provider	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provi	ded:	
Planned Paneut	Lord East	Surgen	
		0 7	
3. Address of medical practice of acility a 3255 E. Main St. acility a Columbus OH 43213	re which KU-486 Was pro	vided:	
4. Date post RU-486 complication began:			
(1)17/17			
5. Event(s) (Please check all that apply):			
Incomplete aboves			
	Adverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe blo	andin a		•
SCACLE DIG	eenug		·
Other serious event (specify)	Eailed MHB		
- Copechy)	41Cear 70793		
6. Duration of event		1	
6. Duration of event: Hours _	Days		
7. Remarks:			
uncamplificated such	~\`~*i		
i san por appropriate story			
		•	
a. Name of physician who provided RU-	486 Latha	mhe FOr	manos
. b. Physician's signature	10		40103
	Date		0.0
end completed forms to: State		1/2/	
	Medical Board of Ohio		
Legal Departr			
30 E. Broad St		MEDI	DAL BOARD
Columbus, Of	43215-6127	•	
escribed: 5//2011, Rev. 12/13/12		NO	V 2 4 2017
2/13/12			

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		•
	20	17
2. Name of medical provides 6 w	Day	Year
2. Name of medical practice or facility at which RU-486 was provided to the state of the state o	ed:	
Planned Panerthrood East Stargery	Ctv.	
3. Address of medical practice or facility		
3. Address of medical practice or facility at which RU-486 was prov 3255 E. Main St.	ided:	
Columbus OH 43213		
4. Date post RU-486 complication began:		
5 5 5 5 1 3 0 1 7		
5. Event(s) (Please check all that apply):		
Incomplete abortion		
Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding		
— Several Diceding		
Nother serious event (specify) Tailed MAR	•	
Total serious event (specify) UUCA /VIAS		
6. Duration of event: Hours Days		
7. Remarks:		
uncomplicated D:C		
is		
R 2 Nove C I	•	
8. a. Name of physician who provided RU-486 Coll	enhe Rom	ans c
3. b. Physician's signature		
	M.D./D.	<u></u>
Date 12/15/	7	
end completed forms to: State Medical Board of Ohio		
Legal Department		e e e e e e e e e e e e e e e e e e e
30 E. Broad St., 3 <sup>rd</sup> Floor	٠.	William Com
Columbus, OH 43215-6127		DEC 1 8 2017
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