State Medical Board of Ohio

Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 03 (Month) 02 (Day) 2018 (Year)

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

Founders Womens HealthCenter

3. Address of medical practice or facility at which RU-486 was provided:

1243 E. BROAD ST Columbus Ohio 43205

4. Date post RU-486 complication began:

03-16-18

5. Event(s) (Please check all that apply):

[X] Incomplete abortion [ ] Adverse reaction to RU-486 [ ] Patient hospitalized

[ ] Patient received a transfusion [ ] Severe bleeding

[ ] Other serious event (specify) _____

6. Duration of event: 20.1 Hours Ø Days

7. Remarks:

8. a. Name of physician who provided RU-486 Harley Blank MD

8. b. Physician's signature _____ (M.D./D.O)

Date 3-16-18

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

State Medical Board of Ohio

Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: March 19 2018
   Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
   Founder's Women's Health Center

3. Address of medical practice or facility at which RU-486 was provided:
   1243 E. Broad St. Columbus, Ohio 43205

4. Date post RU-486 complication began:
   4/2/18

5. Event(s) (Please check all that apply):

   X Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

   ___ Patient received a transfusion ___ Severe bleeding

   ___ Other serious event (specify) _____

6. Duration of event: 01 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Harley Blank MD

   8. b. Physician's signature _____ (M.D/D.O___)

   Date 4/2/18

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

2019

2

State Medical Board of Ohio

Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 5 - 7 · 18 (Month / Day / Year)

2. Name of medical practice or facility at which RU-486 was provided:
Founders Womens Health ~~Clinic~~ Center

3. Address of medical practice or facility at which RU-486 was provided:
1243 E. Broad St Columbus, Ohio 43205

4. Date post RU-486 complication began:
6 · 6 · 18

5. Event(s) (Please check all that apply):

X Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: 0.1 Hours ____ Days

7. Remarks: 9mm vacuette D+C

8. a. Name of physician who provided RU-486 Harley Blank MD

8. b. Physician's signature _____ M.D./D.O.

Date 6/6/18

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

2018

State Medical Board of Ohio

Report of RU-486 Event

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided: May (Month) 21 (Day) 2018 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Founder's Women's Health Center

3. Address of medical practice or facility at which RU-486 was provided:
1243 E. Broad St. Columbus, Ohio 43205

4. Date post RU-486 complication began:
6.18.18

5. Event(s) (Please check all that apply):

X Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: 0.1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Harley Blank MD

8. b. Physician's signature _____ M.D/D.O___

Date 6.18.18

Send completed forms to:

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

MEDICAL BOARD

4

State Medical Board of Ohio

Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 5.31.18 — May (Month) 31 (Day) 2018 (Year)

2. Name of medical practice or facility at which RU-486 was provided: Founder's Women's Health Center

3. Address of medical practice or facility at which RU-486 was provided: 1243 E. Broad St. Columbus, Ohio 432

4. Date post RU-486 complication began: 6.16.18

5. Event(s) (Please check all that apply):

- [X] Incomplete abortion
- [ ] Adverse reaction to RU-486
- [ ] Patient hospitalized
- [ ] Patient received a transfusion
- [ ] Severe bleeding
- [ ] Other serious event (specify) _____

6. Duration of event: 0.1 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486: Harley Blank MD

8. b. Physician's signature: _____ M.D/D.O

Date 6.16.18

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD