

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	vided:	4	5	12
		Month	Day	Year
2. Name of medical prac	tice or facility at whi Unthool	ch RU-486 was provid	ded:	1001
3. Address of medical pra	ctice or facility at wh	nich RU-486 was prov	rided:	
2314 Aubur	n Ave. C	ina, of	45219	
4. Date post RU-486 com	olication began: 6/27/17	-		
5. Event(s) (Please check :	all that apply):			
✓ Incomplete abortion	Advers	se reaction to RU-486	Patient hospitalized	
Patient received a transfus	ion Severe bleeding	Š		
Other serious event (specif	у)			****
6. Duration of event:	2Hours	Days		
7. Remarks: completed	w/ Duc			
	•			
. a. Name of physician wh	o provided RU-486		Dr. Gersela	141.
. b. Physician's signature	_ Pi	inso	MODE	
		te 7 7 7201	7	
end completed forms to:	State Medi	cal Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd	E. Broad St., 3 rd Floor		I DOADE
	Columbus, OH 432	15-6127	MEDICA	L BOARD
			JUL 1	9 2017

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



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was pro-	vided:	<u>5</u>	31	17
		Month	Day	Year
2. Name of medical prace	tice or facility at which RI	J-486 was prov	vided:	
3. Address of medical pra	octice or facility at which F		ovided:	
2314 Aubur	n Au. Una	a, ot	45219	
4. Date post RU-486 com	plication began: 17			
5. Event(s) (Please checkIncomplete abortion		ction to RU-486	∠ Patient hospitalized	
Patient received a transfus Other serious event (specif	ion <u>V</u> Severe bleeding			
5. Duration of event:	Hours	Days		
7. Remarks:				
. a. Name of physician wh	o provided RU-486	Dr.	berscharg	
. b. Physician's signature	- Pruja	Dursah	MD/D0	
	6ate	6/30/20	77	
end completed forms to:	State Medical B	oard of Ohio	.:	
	Legal Department		*	
	30 E. Broad St., 3 rd Floo	r	MEDICA	L BOARD
	Columbus, OH 43215-6			
			JUL 1	0 2017

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

2



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1 Data BU 400				
1. Date RU-486 was pro	Vided:	· · · · · · · · · · · · · · · · · · ·	4	17
2. Name of medical prace	ctice or facility at wh	Month ich RU-486 was prov	Day vided:	Year
3. Address of medical pra	actice or facility at w	hich RU-486 was pro	ovided:	
2314 Aubur				
4. Date post RU-486 com	plication began:			
5. Event(s) (Please check	all that apply):			
Incomplete abortion	Adve	rse reaction to RU-486	Patient hospitalize	d
Patient received a transfus	ionSevere bleedir	g		
Other serious event (specif	fy)			-
6. Duration of event:	2 Hours	Days		
7. Remarks:	ucher med			
a. Name of physician wh	o provided RU-486		2: (2)	Lary.
. b. Physician's signature		nsah	. M.D./I	DO.
	Da	ate811817	7	
end completed forms to:	State Med	ical Board of Ohio		
	Legal Department			
	30 E. Broad St., 3"		ARDIC.	
	Columbus, OH 43	215-6127	SEE	1 2017

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

24