



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 provided:		
7	28	17
Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: <i>Planned Parenthood East Surgical</i>		
3. Address of medical practice or facility at which RU-486 was provided: <i>3255 E Main St. Columbus, OH 43213</i>		
4. Date post RU-486 complication began: <i>8/4/17</i>		
5. Event(s) (Please check all that apply):		
<input checked="" type="checkbox"/> Incomplete abortion	<input type="checkbox"/> Adverse reaction to RU-486	<input type="checkbox"/> Patient hospitalized
<input type="checkbox"/> Patient received a transfusion	<input type="checkbox"/> Severe bleeding	
<input type="checkbox"/> Other serious event (specify) _____		
6. Duration of event: <i>2</i> Hours _____ Days		
7. Remarks:		
8. a. Name of physician who provided RU-486 <i>Michelle Isky</i>		
8. b. Physician's signature <i>[Signature]</i>		MD/DO _____
Date <i>8/11/17</i>		

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

MEDICAL BOARD

AUG 16 2017



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 provided: 9 / 15 / 17
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:
3255 E. Main St. Columbus, OH 43213

4. Date post RU-486 complication began:
9/25/17 at follow up

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) failed MAB

6. Duration of event: _____ Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Michelle Isley

8. b. Physician's signature [Signature] MD/DO

Date 10/6/17

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 Columbus, OH 43215-6127

MEDICAL BOARD
 OCT 11 2017