

Si Le 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: | |
|--|--|
| and an | 28 |
| 2. Name of modical | Day Year |
| 2. Name of medical practice or facility at which RU-486 was pr | rovided: |
| Planned Parenthand E | sist Surgical |
| 3. Address of modical and the | 30.9101 |
| 3. Address of medical practice or facility at which RU-486 was p | provided: |
| J255 & Mails St (21) | |
| 3255 E Main St. Columbu 4. Date post RU-486 complication began: | 1510H 43213 |
| 4. Date post RU-486 complication began: | |
| 8/9/17 | |
| 5. Event(s) (Please check all that apply): | |
| Incomplete abortion | |
| Adverse reaction to RU-48 | 6 Patient hospitalized |
| Patient received a transfusion Severe bleeding | |
| Severe pleeding | |
| Other regions | |
| Other serious event (specify) | |
| | |
| 5. Duration of event: Hours Days | |
| | |
| . Remarks: | |
| • | |
| | |
| | į. |
| a. Name of physician who provided RU-486 Mick | helle Isley |
| b. Physician's signature | - Louis Land |
| | MD/DO |
| | 1117 |
| nd completed forms to: State Medical Board of Ohio | |
| Legal Department | |
| 30 E. Broad St., 3 rd Floor | |
| Columbus, OH 43215-6127 | |
| | MEDICA, BOURD |
| cribed: 5//2011, Rev. 12/13/12 | The state of the s |
| 77 | AUG (6 2017 |
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| 1. Date RU-486 was provided: | |
|---|----------------------|
| | 15 17 |
| Month 2 Name of well it | Day Year |
| 2. Name of medical practice or facility at which RU-486 was prov Paned Panerthood East Surgen | ided: |
| | |
| 3. Address of medical practice or facility at which RU-486 was pro | vided: |
| 3255 £. main St. Columbus, O 4. Date post RU-486 complication began: | H 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 |
| Dollars and the second of the | |
| Patient received a transfusion Severe bleeding | |
| Nother serious event (specify) — Failed MAB | |
| 6. Duration of event: Hours Days | |
| 7. Remarks: | |
| | |
| | |
| į | |
| 8. a. Name of physician who provided RU-486 Mche | le Isley |
| 8 h Physician's simple | 10 Cey |
| | M.D./D.O |
| Date | (7 |
| Send completed forms to: State Medical Board of Ohio | |
| Legal Department | |
| 30 E. Broad St., 3 rd Floor | |
| Columbus, OH 43215-6127 | |
| | MEDICAL BOARD |
| Prescribed: 5//2011, Rev. 12/13/12 | OCT 1 1 2017 |