

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 provid	led:	12,2014
	Month	Day Year
2. Name of medical practic	ce or facility at which RU-486 was prov	rided:
3. Address of medical pract	tice or facility at which RU-486 was pro	ovided:
3255 FAST/	Vain St. Columbus	101 4843
4. Date post RU-486 compl	그는 사람들이 되었다. 그는 사람들은 사람들은 사람들이 가장 그를 가장 되었다. 그 것이 없는 것이 없는 것이다.	
5. Event(s) (Please check al	I that apply):	
✓ Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion	n Severe bleeding	,
Other serious event (specify)	
*		
6. Duration of event:	Hours Days	
7 5		
7. Remarks: Inomplete	Medical obortie manag	a surguelly
		G
8. a. Name of physician who	o provided RII-486 :	
	Day :	
8. b. Physician's signature	1000	MD/DO
	Date	•
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	MEDICAL BOARD
	Columbus, OH 43215-6127	
	,	MAY 2 7 2016



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 provide	ed:	08	አ ዣ	16	
		Month	Day	Year	
2. Name of medical practice Planned Pa		h RU-486 was provid	ded:		
3. Address of medical practi				3	
4. Date post RU-486 complie ターししし	cation began:				
5. Event(s) (Please check all	that apply):		•		
Incomplete abortion	Advers	se reaction to RU-486	Patient hospitaliz	ed	
Patient received a transfusion	n Severe bleeding	3			
Other serious event (specify)					
6. Duration of event:	Hours	Days			
7. Remarks: failed M	udication i	abation an	polete 0 sir	quol	
8. a. Name of physician who	provided RU-486	Lisa Ke	der		
8. b. Physician's signature		MM 9/14/	12014	700	
Send completed forms to:	State Med	dical Board of Ohio			
	Legal Departmen				
	30 E. Broad St., 3			MEDICAL E	30ARI
	Columbus, OH 43	3215-6127			
				SEP 19	LUIU

2