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: 3/22/17 — March (Month) 22 (Day) 2017 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided: 2249 State Rd Cuyahoga Falls, Ohio 44223

4. Date post RU-486 complication began: 4/28/17

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: 3 Hours _____ Days

7. Remarks: Pt had D&C without Complications

8. a. Name of physician who provided RU-486 L. Ann Dunnally

8. b. Physician's signature _____ MD / DO

Date 5/24/17

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

MEDICAL BOARD
MAY 26 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 provided: 7 (Month) 13 (Day) 2017 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
2127 State Rd Cuyahoga Falls 44223

4. Date post RU-486 complication began:
8/12/17

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: _____ Hours _____ Days

7. Remarks: pt had (+) ptu post Medication Abortion. She had heavy bleeding and on ultra sound there was remaining tissue but pregnancy was resolved. pt had a D&C on 8/22/17

8. a. Name of physician who provided RU-486 Dr. L.A. Nunnally

8. b. Physician's signature X L.A. Nunnally MD MD/DO

Date 9/7/17

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

MEDICAL BOARD
SEP 15 2017

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

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: 11 (Month) 17 (Day) 17 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
1144 W Sylvania Toledo OH 43612

4. Date post RU-486 complication began: 12/19/17

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) _____

6. Duration of event: _____ Hours 3 Days

7. Remarks: D&C on 12/22/17 no further complications

8. a. Name of physician who provided RU-486 L. Ann Donnally

8. b. Physician's signature L. Ann Donnally MD (M.D./D.O.)

Date 12/27/17

Send completed forms to:

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

MEDICAL BOARD
JAN 17 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: 11 (Month) 29 (Day) 2017 (Year)

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

Capital Care Network Toledo

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

1160 W Sylvania Ave Toledo, OH 43612

4. Date post RU-486 complication began: 11/6/18

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: _____ Hours 1 Days

7. Remarks: D&C on 11/6/18 no further complication

8. a. Name of physician who provided RU-486: L. Ann Nemelly

8. b. Physician's signature: L. A. Nemelly M.D/D.O

Date 1/9/18

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 22 2018