State Medical Board of Ohio
Report of RU-486 Event

MEDICAL BOARD
SEP 23 2016

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 8 (Month) 16 (Day) 16 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood Southwest Ohio Region

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave., Cincinnati, OH 45219

4. Date post RU-486 complication began:
8/30/16

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: 1 Hours ______ Days

7. Remarks:
D+C done without issue.

8. a. Name of physician who provided RU-486 Sarah Pickle.

8. b. Physician's signature [signature] M.D./D.O.

Date 9/20/16

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

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: 10 (Month) 4 (Day) 16 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave, Cinci, 45219

4. Date post RU-486 complication began:
10/22/16

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 Medication Abortion

6. Duration of event: 2 Hours ______ Days when pt returned for surgical completion

7. Remarks:

8. a. Name of physician who provided RU-486 Dr. Pickle

8. b. Physician's signature [signature] M.D./D.O.

Date 12/6/16

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Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
DEC 12 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 provided:	10 (Month) 4 (Day) 16 (Year)
2. Name of medical practice or facility at which RU-486 was provided:	Planned Parenthood Southwest Ohio
3. Address of medical practice or facility at which RU-486 was provided:	2314 Auburn Ave.
4. Date post RU-486 complication began:	10/16/16
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:	completed surgically without issue
8. a. Name of physician who provided RU-486	Dr Pickle
8. b. Physician's signature	[signature] M.D./D.O. (M.D. circled)
Date	10/25/16

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

MEDICAL BOARD
NOV 07 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 provided: 10 (Month) 25 (Day) 16 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
11/4/16

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 Medication Abortion

6. Duration of event: 3 Hours ________ Days

7. *Remarks:*
completed surgically without issue

8. a. Name of physician who provided RU-486 Dr. Pickle

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

Date 12/6/16

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

MEDICAL BOARD

DEC 12 2016

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