(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provi	ded:	_22	<i>D</i> /	
		Month	Day	Year
2. Name of medical pract	ice or facility at which R	U-486 was prov	ided:	
3. Address of medical prac	ctice or facility at which	RU-486 was pro	vided:	
12000 Shak	er Blud. Cl	eveland	44120	
4. Date post RU-486 comp				
5. Event(s) (Please check a		•		
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitalized	
Patient received a transfusi	on Severe bleeding			
Other serious event (specif	· /)			
6. Duration of event:	Hours	Days		
7. Remarks:				
				•
			3	
8. a. Name of physician wh	o provided RU-486	Mitchel	Il Reider, M	. D.
8. b. Physician's signature	Date	3/25	MD/D	0
Send completed forms to:	State Medical	Board of Ohio		
	Legal Department		.= -	ADD
	30 E. Broad St., 3 rd Flo	oor	MEDICAL BO	AKU
	Columbus, OH 43215	5-6127	MAR 01 20	17

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	CZ	24	17
		Month	Day	Year
2. Name of medical practice of the second pra	e or facility at which	RU-486 was provid	ded:	
3. Address of medical pract				
12000 Shiker	Blvd (Teveland	44120	
4. Date post RU-486 compli	cation began:			
5. Event(s) (Please check all	that apply):	·		
// Incomplete abortion	Adverse	reaction to RU-486	Patient hospitalized	1
Patient received a transfusio	n Severe bleeding			·
Other serious event (specify)				
6. Duration of event:	Hours	Days		***************************************
7. Remarks:				
8. a. Name of physician who	provided RU-486	M.L.	1.00 Pich	1. M.D.
8. b. Physician's signature	Dat		3/11/17	0.0
Send completed forms to:	State Medic	al Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd I	loor		
	Columbus, OH 432	15-6127	MEDI	CAL BOARD
			M	AR 1 5 2017

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

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	d:	02	24	17
		Month	Day	Year
2. Name of medical practice	or facility at which R	U-486 was prov	ided:	
3. Address of medical practic	e or facility at which	RU-486 was pro	ovided:	
12000 Sheker 4. Date post RU-486 complice	Blvd. C	leveland	44120	
4. Date post RU-486 complica	ation began: 3/24	1/17		
5. Event(s) (Please check all t	hat apply):			•
1 Incomplete abortion	Adverse re	action to RU-486	Patient hospitalized	
Patient received a transfusion	Severe bleeding			•
Other serious event (specify)				-
6. Duration of event:	Hours	Days		
7. Remarks:		·		
				•
8. a. Name of physician who p	provided RV-486	Mitchel	Il Rider, 1	1.D
8. b. Physician's signature	pate.] 3/	31/17 (MD/10	
Send completed forms to:	State Medical	Board of Ohio		
1	Legal Department			
:	30 E. Broad St., 3 rd Flo	or		
(Columbus, OH 43215	-6127	MEDICAL E	BOARD

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

APR 03 2017

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	led:	06	17	17
		Month	Day	Year
2. Name of medical practic	ce or facility at which RU	J-486 was provi	ded:	
Areterm				
		211.406	• [
3. Address of medical pract	ace or facility at which i	RU-486 was prov	/ided:	
12000 Shaker	Blvd. Cla	yeland	44120	
4. Date post RU-486 compl				
7/8/17				
5. Event(s) (Please check al	I that apply):	•		-
✓ Incomplete abortion	Adverse res	ection to RILARS	Patient hospitalized	
			r attent nospitanzed	•
Patient received a transfusio	n Severe bleeding			
Other serious event (specify)		•		
6. Duration of event:	Hours	Davs		
7. Remarks:				
O o Non F - L - : : - L	il i sivaba	11:11	M G.	- 12
8. a. Name of physician who	provided RU-486	Mitche	ex 10.der,	<u>M.D.</u>
8. b. Physician's signature			LITTIO MD/D	<u> </u>
	Date -	7	11417	
Send completed forms to:	State Medical	Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Flo	or		
	Columbus, OH 43215-	-6127	MEDICAL BE	OMBO
			11 11 14 A	ስፋኚ

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

JUL 17 2017

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	ded:	07	07	17
		Month	Day	Year
2. Name of medical practi	ce or facility at which RU-	486 was prov	ided:	
Preterm				
3. Address of medical prac		***		
12000 Sheker (Slud. Clevelon	nd 4	1120	
4. Date post RU-486 comp	lication began:	/17		
5. Event(s) (Please check a	ll that apply):	•		1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (
Incomplete abortion	Adverse reac	tion to RU-486	Patient hospitalized	i e e grande de la companya de la c
Patient received a transfusion	on Severe bleeding			·
Other serious event (specify	′)	•		
6. Duration of event:	HoursD	ays		
7. Remarks:				
				•
	_			
		.1.1.1	W A.I	., .
8. a. Name of physician wh	o provided RU 486 / ()	Mitch,	W Reden	4.D.
8. b. Physician's signature	Date_	87		D.O
Send completed forms to:	State Medical B	pard of Ohio	ł	
	Legal Department		7. A	
	30 E. Broad St., 3 rd Floo	r	MEGICA	N ROBEN
	Columbus, OH 43215-6	127	AUG (0 7 2017

Prescribeo: 5/--/2041, Rev. 12/13/12

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provi	ded:	08	16	17
		Month	Day	Year
2. Name of medical practi	ce or facility at whic	h RU-486 was prov	ided:	
3. Address of medical prac			vided:	
12000 Seller 4. Date post RU-486 comp	lication began: $\mathcal C$	4/12/17		
5. Event(s) (Please check a	l that apply):			
Incomplete abortion	Advers	e reaction to RU-486	Patient hospitalized	i .
Patient received a transfusion	onSevere bleeding			
Other serious event (specify				
6. Duration of event:	Hours	Days		
7. Remarks:				
8. a. Name of physician who	provided RU-486	1 Mite	ld Rida	M.D.
8. b. Physician's signature	- Ja	te	2/14/17	D.O
Send completed forms to:	State Medi	cal Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd	Floor		
	Columbus, OH 432	215-6127		
			MEDICAL R	C A P

Prescribed: 5/--/2041, Rev. 12/13/12

MEURIAI ROALL

SEP 2 0 2017

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	ided:	09	<i>2</i> 2	17
		Month	Day	Year
2. Name of medical pract	기계 그는 그는 함께 가는 것이 없었다.	h RU-486 was pro	ovided:	
3. Address of medical prac	ctice or facility at whi	ich RU-486 was p	rovided:	
12000 5 Like	- Blvd.	Cleve.	44120	
4. Date post RU-486 comp	lication began:			
5. Event(s) (Please check a	II that apply):			
Incomplete abortion	Advers	e reaction to RU-486	Patient hospitalized	
Patient received a transfusi	onSevere bleeding			
Other serious event (specifi	/)			
6. Duration of event:	AHours	Days		
7. Remarks:				
8. a. Name of physician wh	o provided RU¶86	Milus	We Rider,	И.Д.
8. b. Physician's signature		te)	/ MD//s	1.0
Send completed forms to:	State Medi	cal Board of Ohio		
	Legal Department		•	
	30 E. Broad St., 3 ^{rc}	Floor	MEDICAL	. BOARD
	Columbus, OH 432	215-6127	ner o	

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	ided:	10	27	2017
		Month	Day	Year
2. Name of medical pract	ice or facility at which RU-	486 was prov	ided:	
3. Address of medical practical prac	Blvd Cleveland			
4. Date post RU-486 comp				
5. Event(s) (Please check a	Adverse reac	tion to RU-486	Patient hospitalized	
Patient received a transfusi Other serious event (specifi				
6. Duration of event:		ays		
7. Remarks:				
8. a. Name of physician wh	o provided RU 486	Mitche	11 Reider, N	ND
8. b. Physician's signature	Date	7	12/1/17	<u> </u>
Send completed forms to:	State Wedical Bo	oard of Ohio		
	Legal Department		. 15	
	30 E. Broad St., 3 rd Floor		W.EL:	367 St
	Columbus, OH 43215-6	127	DF	EC 6 E 2017

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