

## 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: Janua	my 13	1015		
	Month	Day	Year		
2. Name of medical practice PPOH	e or facility at which RU-486 was pro	ovided:			
3. Address of medical practi	ce or facility at which RU-486 was p	rovided:			
3255 East 1	vain St., Wumb	u), 01-t	43213		
4. Date post RU-486 compli					
5. Event(s) (Please check all	that apply):				
Incomplete abortion  Patient received a transfusio  Other serious event (specify)		6 Patient ho	spitalized		
6. Duration of event:	Hours Days	!			
7. Remarks:	secondary to Fi	of porto	ical.		
8. a. Name of physician who	provided RU-486	ithenne Ri	mans		
8. b. Physician's signature		9	40/00		
S. D. T. Hysician S signature	Date	2/	3 /15		
Send completed forms to:	State Medical Board of Oh	io l			
	Legal Department	.			
	30 E. Broad St., 3 <sup>rd</sup> Floor				
Columbus, OH 43215-6127			MEDICAL BOARD		
			FEB 9 2015		
Prescribed: 5//2011, Rev. 12/13/12			A management of the contract o		



## 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:	0/	YOLDER	13,20	15	
		Month	Day	•	/ear
2. Name of medical practice or fac	ility at which RU-48	36 was provid	ded:		
3. Address of medical practice or fa	cility at which RU-	486 was prov	vided:		
3255 East Main	st. Columbi	13,04	43213		
4. Date post RU-486 complication b					
5. Event(s) (Please check all that ap	ply):	,	>		
Incomplete abortion	Adverse reaction	on to RU-486	Patient hos	oitalized	
Patient received a transfusion Se	evere bleeding				•
Other serious event (specify)	·			Marie and the state of the stat	
6. Duration of event: H	ours Da	ys			·
7. Remarks: Incomplete med.  Protocol.	ication alout	tion for	lowing	FDAG	pproved.
8. a. Name of physician who provid	ed RU-486 ·	Cath	nonjnu R	manas	3
8. b. Physician's signature	Date —	19/8	$\leq$	oa av	
Send completed forms to:	State Medical Box	ard of Ohio			
Legal I	Department				
30 E. E	Broad St., 3 <sup>rd</sup> Floor		ME	DICAL BO	ARD
Colum	bus, OH 43215-61	27		NOV 2 201	ĸ

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