

State Medical Board of Ohio Report of RU-486 Event MEDICAL BOARD

(Required pursuant to R.C. 2919.123)

MAR 8 2016

To be completed by the physician who provided RU-486

1. Date RU-486 was provided	:	1	27-	
		Month	. Day	Year
2. Name of medical practice	or facility at which R	U-486 was provid	led:	
3. Address of medical practic	e or facility at which にいけ、Culu			
4. Date post RU-486 complica	ation began:			
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitalized	
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	_ Days	•	
7. Remarks: Fuiled 1	nto (non u	rable rup) due to	
FDA rigimer	1			
8. a. Name of physician who	provided RU-486	_Cath	erine Rom	anos
8. b. Physician's signature	Date	5	3/3/14	20
Send completed forms to:	State Medica	l Board of Ohio		
	Legal Department			
•	30 E. Broad St., 3 rd Fl	loor		•
: · · · · · · · · · · · · · · · · · · ·	Columbus, OH 4321	5-6127		

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	led:	April		2016
		Month	Day	Year
2. Name of medical practic	ce or facility at which RU A PAY CVH NOOD			Center
3. Address of medical pract	ice or facility at which R	U-486 was provid	ed:	
3255 E M	ain St., W	umbus	OH 43	213
4. Date post RU-486 compl				
5. Event(s) (Please check al	l that apply):			
Incomplete abortion	Adverse rea	ction to RU-486	_ Patient hospital	ized
Patient received a transfusion	on Severe bleeding			
Other serious event (specify)			
6. Duration of event:	Hours	Days		
7. Remarks: Failed	Molication a	botan, au	nhnuner	programy
8. a. Name of physician wh	o provided RU-486	ROMAN	IS	
8. b. Physician's signature			3	1001
	Date -			125/14
Send completed forms to:	State Medical	Board of Ohio		
	Legal Department		M	EDICAL BOARD
	30 E. Broad St., 3 rd Flo	or		
	Columbus Oll 42245	C407		APR 2 6 2016

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:	April	21 Day	2016 Year
2. Name of medical practice or facility at Parenth	which RU-486 was provi	ded:	
3. Address of medical practice or facility a			432B
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply): Incomplete abortion Patient received a transfusion Other serious event (specify)		Patient hospitali	ized
6. Duration of event: Hours _	Days		
7. Remarks: D:C for bluden	9.		
8. a. Name of physician who provided RU 8. b. Physician's signature	Date Catherin	e Romanse 917	100 7/40
	e Medical Board of Ohio		•
Legal Depart 30 E. Broad S			

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MAY

2 2016



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	The	5 Day	2016
			Year
2. Name of medical practice or facility at wh Planned Parent			réal
3. Address of medical practice or facility at w			
3255 E. Main St	ampus	OH Y	1343
4. Date post RU-486 complication began:	6/7/1	6	
5. Event(s) (Please check all that apply):			
	and the same of		
Incomplete abortionAdve	erse reaction to RU-486	Patient hospi	talized
Patient received a transfusion Severe bleedi	ng	V	MEDICAL BOARD
Other serious event (specify)			JUN 13 2016
6. Duration of event: <u>24</u> Hours	Days		
7 Remarks: a smalala as a lara	- 2f 02c		
7. Remarks: in complete expulsion		au 10	
scuere fibrid when	ws.	•	
8. a. Name of physician who provided RJ/~48	6 ·	Co	therine Romanus
			7.
8. b. Physician's signature		M	LD // D.O.
	Date <		0/9/1CP
Send completed forms to: State Mo	edical Board of Ohio		•
Legal Departme	ent		
30 E. Broad St.,	3 rd Floor		·
Columbus, OH	43215-6127		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Jure	6	201
	Month	Day	Year
2. Name of medical practice or facility at which R RAMWED RAWHANA		ovided: SUNALCAO	Center
3. Address of medical practice or facility at which	RU-486 was p	rovided:	
3295 f. Main st.	count	aus Al	43213
4. Date post RU-486 complication began:	6/15/1	ط.	
5. Event(s) (Please check all that apply):			
Adverse re	eaction to RU-486	Patient hosp	italized
Patient received a transfusion Severe bleeding			•
Other serious event (specify)			
6. Duration of event: Hours	_ Days		
7. Remarks: Faled Medication as SIP D:C	action		
8. a. Name of physician who provided RU-486			From Anos
8. b. Physician's signature	0	= \(\int \(\lambda \)	(D)/D0
Date		co/15/1ce	
Send completed forms to: State Medical	Board of Ohio)	
Legal Department			MEDICAL BOARD
30 E. Broad St., 3 rd Flo	oor		
Columbus, OH 43215	5-6127		JUN 1 7 2016

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Mon	14	D _D	1016 Year
2. Name of medical practice or facility a	t which RU-486 v	was provided	1:	
3. Address of medical practice or facility 3255 East Main St.				3
4. Date post RU-486 complication began				
5. Event(s) (Please check all that apply):	Adverse reaction to) RU-486	_ Patient hospitali	zed
Patient received a transfusion Severe b	pleeding			
Other serious event (specify)				Andrews drive a function of the state of the
6. Duration of event: A Hours	Days	Mark kanning - stayling	٠	·
7. Remarks: Fould medical above ho	n completed s	wquálly		
8. a. Name of physician who provided R	U-486 ·	Zomano3		
8. b. Physician's signature	MU	7/15/2014		./0.0
Send completed forms to: Stat	e Medical Board	of Ohio		
Legal Department 30 E. Broad	rtment St., 3 rd Floor		MEI	DICAL BOARD
: Columbus,	OH 43215-6127		•	JUL 1 8 2016

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

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	ed:	August	16	2016
·		Month	Day	Year
2. Name of medical practice PPGOH	e or facility at wh	ich RU-486 was provid		
		;	- and	AL BOARD
3. Address of medical practi 3255 W Columbu	Main S	1 • 1 • 1 • 1 • 1 • 1 • 1 • 1		2 9 2016
COTATTION	3, 011	43213		
4. Date post RU-486 compli	cation began:	8/24/2014		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adve	erse reaction to RU-486	Patient hospitalized	
Patient received a transfusio	n Severe bleed	ing		
X Other serious event (specify	Failed	medicul abort	n	-
6. Duration of event:	ZHours	Days		
7. Remarks: Surgial comple	thni of abov	turi		
8. a. Name of physician wh	o provided RU-48	36 C. Rov	ranos	
8. b. Physician's signature	1	Date 8/24/20	M.D./1	
Send completed forms to:	State M	edical Board of Ohio		
	Legal Departme	ent		
	30 E. Broad St.,			
	Columbus, OH			
	Columbus, On	43ZT3-0TZ\		
Prescribed: 5//2011 Rev 12/13/12			1	



(Required pursuant to R.C. 2919.123)

(20) - 20 - 21	
1. Date RU-486 was provided:	
Month Day Year	
2. Name of medical practice or facility at which RU-486 was provided:	
3. Address of medical practice or facility at which RU-486 was provided:	
3255 E. Main & Columbas of 432B	
4. Date post RU-486 complication began: (21516	
5. Event(s) (Please check all that apply):	!
Incomplete abortion Adverse reaction to RU-486 Patient hospitalized	
Patient received a transfusion Severe bleeding MEDICAL BOARD	
OCT 1 7 2016	
Other serious event (specify)	
6. Duration of event: Hours Days	
7. Remarks:]
in complete MtB required Suction procedure	
8. a. Name of physician who provided RU-486 Lisa Keder we Certherive Par	ha
8. b. Physician's signature M.D/D.O	
Date	
Send completed forms to: State Medical Board of Ohio	
Legal Department	
30 E. Broad St., 3 rd Floor	
Columbus, OH 43215-6127	
Prescribed: 5//2011, Rev. 12/13/12	



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		Novemb	oer	3	2016
	· ***	Month	1	Day	Year
2. Name of medical practice or 1 Planned Parent		RU-486 was pro	vided:		
3. Address of medical practice of 3255 East Main Columbus, OH	street		ovided:		
4. Date post RU-486 complicatio	n began: 1)//	0/16			
5. Event(s) (Please check all that X incomplete abortion		reaction to RU-486	Pati	ent hospitalized	
Patient received a transfusion	_ Severe bleeding		er (m. 1900) and		
Other serious event (specify)					
6. Duration of event:	_Hours19	Days			
7. Remarks:				**	
8. a. Name of physician who pro	vided RU-486	Cath	erine	Roma	nos
8. b. Physician's signature	Da	ate		MD/ 12/14	<u> </u>
Send completed forms to:	State Med	ical Board of Oh	io		
·	gal Department				
30	E. Broad St., 3"	d Floor	}		
Co	lumbus, OH 43	215-6127		MEDIC	AL BOARD
				NIU)	/ 25 2016
Prescribed: 5//2011, Rev. 12/13/12				INU '	A 188 A PAIA



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	1 (1) (0)	2014 17	
11. Date NO-480 was provided:	Novemb	xr 1+	2016
	Month	Day	Year
2. Name of medical practice or facility at which	RU-486 was prov	ided:	
Planned Parenthood -	FAST SULL	rical	
	2001 001.9	7007	
3. Address of medical practice or facility at whi	ch RU-486 was pro	vided:	
3255 East Main St			; ;
Columbus, OH 43213			
4. Date post RU-486 complication began:			
12/15/16		•	
5. Event(s) (Please check all that apply):		•	
Incomplete abortion Adverse	roaction to DII 40C		
Auverse	e reaction to RU-486	Patient hospit	alized
Patient received a transferior Co. 11. 11		÷	
Patient received a transfusion Severe bleeding		•	
X Other serious event (specify) Failed Me	aication ,	Abortio	n
6. Duration of event: Hours 33	, ,	ŧ	
o. Bulation of event: Hours	Days	i	
7. Remarks:	·		
D. Openfarrad - u	naughira-	d	
`	V	'	
	0.11	;	
8. a. Name of physician who provided RU-486	Catheri	ne Kom	anos
8. b. Physician's signature	()	M	7/00
		12729/1	11 -
	te	10/69/1	<u> </u>
Send completed forms to: State Medi	cal Board of Ohio	į :	
Legal Department		B	
30 E. Broad St., 3 rd	Floor		STOLE BOARD
Columbus, OH 43:		→ MEI	DICAL BOARD
	012/	i :	JAN 03 2017
		i	ALITA A RAIL



(Required pursuant to R.C. 2919,123)

1. Date RU-486 was provided:	<u>Novemb</u>	oer 22	QOLO Year
2. Name of medical practice or facility Planned Parcnth			
3. Address of medical practice or facility 3255 East Main 8 Columbus, Onio C	\$ f	rided:	
4. Date post RU-486 complication began $12/e/10$	an:		
5. Event(s) (Please check all that apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalize	e d
Patient received a transfusionSever	e bleeding		
XOther serious event (specify) $Fail$	ed abortion	•	· ·
6. Duration of event: Hour	s The Days		
7. Remarks: FDA Mudication abortion on 12/13/14.	n equad faile	1. Dic for	ongoing IW
8. a. Name of physician who provided 8. b. Physician's signature	RU-486 CATHER Date		1005 2/13/16
Send completed forms to: St	ate Medical Board of Ohio		
Legal Dep 30 E. Broa	partment ad St., 3 rd Floor		MEDICAL BOARD
	s, OH 43215-6127		DEC 1 6 2016



(Required pursuant to R.C. 2919,123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		11	29	2010
		Month	Day	Year
2. Name of medical practice or f Planned Parenthood			vided:	
3. Address of medical practice or 3255 East Main St	facility at which	RU-486 was pr MS, ONIO	ovided: 43213	
4. Date post RU-486 complication	n began: 1/2	3/17		
5. Event(s) (Please check all that	apply):			
Incomplete abortion	Adverse r	reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion	Severe bleeding			,
X Other serious event (specify)	afled Med	dication,	Hoortion	
6. Duration of event:	Hours 45	Days		
7. Remarks: Failed Med	icution A	bustion i	with Ofc 1	procedure
8. a. Name of physician who prov	rided RU-486	Cather	ine Romar	LOS
8. b. Physician's signature	· ()MD	/n o
	Date	e	- 1/17/	
Send completed forms to:	State Medic	al Board of Ohio		
Lega	al Department			
30 E	. Broad St., 3 rd F	loor	MEDI	CAL BOARD
Colu	ımbus, OH 432:	15-6127		N 1 0 2015



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ded:	12	10	20110		
	· 	Month	Day	Year		
2. Name of medical practice Plunned Patch	ce or facility at which H00d East	RU-486 was pro - Columb	vided: DUS SUMJI	al		
3. Address of medical pract 3255 East Mui						
4. Date post RU-486 compl	ication began:	5/17		The second secon		
5. Event(s) (Please check al	I that apply):	, ,				
Incomplete abortion Patient received a transfusion		reaction to RU-486	Patient hospitali	zed		
X Other serious event (specify	, Failed Me	dication.	Abortion			
6. Duration of event:	Hours _35	Days				
7. Remarks: Failed	Medication.	Abertion	with D30	c procedure		
		<u> </u>				
8. a. Name of physician wh	o provided RU-486	Cithen	ne Roman	105		
8. b. Physician's signature	Dat	te		(17/17)		
Send completed forms to:	State Medic	cal Board of Ohio)			
	Legal Department					
	30 E. Broad St., 3 rd	Floor				
	Columbus, OH 432	215-6127	MEDICAL	BOARD		
			JAN 1 9	2017		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	12	13	1/2
		Month	Day	Year
2. Name of medical practic Planned Pare	ne or facility at which RL Mhood — Eas	J-486 was provid The SUTGIC	led: A/	
3. Address of medical pract 3255 East M. COLUMBUS, O	ain St	U-486 was prov	ided:	
4. Date post RU-486 compli $12/21/16$				
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse rea	ction to RU-486	Patient hospitalized	
Patient received a transfusio	n Severe bleeding			
X Other serious event (specify)	Failed Med	ication ?	Abortion	
6. Duration of event:	Hours	Days		
7. Remarks:	mud harang	licanci		
8. a. Name of physician who	provided RU-4 <u>8</u> 6	Catherin	ne Roman	ias
8. b. Physician's signature			MAY	0.0
	Date -		12/29	Tig
Send completed forms to:	State Medical	Board of Ohio		
	Legal Department			
,	30 E. Broad St., 3 rd Flo	or	MEDIC	VI DO UNS
i de la companya de	Columbus, OH 43215	-6127	WEDICA	AL BOARD
			IJAN	0.3 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provi	ded:	Dagger	1	1~	
		Decen	wer	15_	<u> 2016</u>
2. Name of medical practi	co or facility as a late to		i	Day	Year
2. Name of medical practi	Loop of Tacility at Which R	RU-486 was prov	vided:		
Planned Parer	irrivua - Eas	t Surgic	al		
3. Address of medical prac	tice or facility at which	DI 196			
3255 East M	ain St., Coil	umbus, c)HIO	43213	3. **********
4. Date post RU-486 comp	ication began: 12/7	22/16			
5. Event(s) (Please check a	l that apply):				
Incomplete abortion	Adverse re	eaction to RU-486	Patie	nt hospitalized	
			1		
Patient received a transfusion	on Severe bleeding		į	ME	DICAL BOARD
		1 1	· · / ·		JAN 1 0 2017
χ Other serious event (specify	, tailed Med	dication	Abo	irtion	1
	*				
6. Duration of event:	Hours5	_ Days			
7. Remarks:					
failed medicate	n abactico re	salval			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ως ως·	11-12) F	2.C - n	ncomplicated
			•		
8. a. Name of physician who	provided DLL 405	Callon	1.00	Chh	
	provided ku-486	LATIK	ine	KUMO	unos
8. b. Physician's signature			\leftarrow	MD/I	0.0
	Date -			9,007	
Send completed forms to:	State Medical	Board of Ohio			
	Legal Department				
	30 E. Broad St., 3 rd Flo	oor	!		
	Columbus, OH 43215				
	-Cidilibus, OF 43215	-017\			