## 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:	80	04	2016	
	Month	Day	Year	
2. Name of medical practice or facility at				
1243 Colu	s Women's Health Cen East Broad Street mbus, Ohio 43205 614) 251-1800			
3. Address of medical practice or faci	lity at which RU-486 v	was provided:		
4. Date post RU-486 complication be	gan: <b>08</b>	ما 1-10-		
5. Event(s) (Please check all that app	y):			
Incomplete abortion	duarea rangtion to BIL 496	Dationt hornitaliza		
is incomplete aboration	Adverse reaction to RU-486	Fatient nospitanze		
Patient received a transfusion Severe b	leeding			
The state of the s				
Other serious event (specify)				
6. Duration of event: 4 Hours	<b>Ø</b> Days			
7. Remarks: D+C procedure, PC	oc Sent to Pat	hologist.		
Diagnosis: Necrotic	Jillitdecidua Ca	nastanti nonu	iable prognancy	
8. a. Name of physician who provide	d RU-486 <b>Kas</b>	1 Schaeff	ermo	
8. b. Physician's signature	ul Tchae  Date	16	M.D/D.O	
end completed forms to:				

State Medical Board of Ohio

**Legal Department** 

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NO. 93 2017

## 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:	08	18	2014	
A STATE OF THE STA	Month	Day	Year	
2. Name of medical practice or facility at which	n RU-486 was provide	ed:		
The Founder's Women's	Health Cente		ver en	
3. Address of medical practice or facility a	at which RU-486 w	as provided:		
1942 6 BONGS CT	<b>CO. D.4</b>	1000		
1243 E Broad ST	COL OH 4	43205		
4. Date post RU-486 complication began:				
	9-01-14	•		
5. Event(s) (Please check all that apply):				
		Datast bassinalis		
Incomplete abortionAdvers	se reaction to RU-486	Patient hospitalize	<b>20</b>	
Patient received a transfusion Severe bleeding	<b>)g</b> 			
Deag	US IN UTE	RUS		
Other serious event (specify)	(13 16 0 10			
6. Duration of event: Hours	_ Days			
7. Remarks: Uterine Contents Su	ectioned D+	C		
			ili a marcitic De	cidua .
Sent to Pathology La	es confluence . Discourse	- NUMBER	ant Z nonviable	Dreamany
				/
8. a. Name of physician who provided RU	-486 <u>Kai</u>	11 Schaet	ter md	
8. b. Physician's signature Ka	Schaet	4	M.D)D.O	
8. b. Physician's signature		-21-12,	(vi.b)b.0	
	Date	<u> </u>		
and completed forms to				

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 03 2017

## 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:	09	01	2014	
	Month	Day	Year	
2. Name of medical practice or facility at w	hich RU-486 was provid	ed:		
The Founders W	mane Health	Contor		
the rounders w	omens Header			
3. Address of medical practice or facil	ity at which KO-486 w	vas provided:		
1243 E BROad S	it Col E	h 43205		
4. Date post RU-486 complication beg				
	9-15-16		<del>and or always of the following the solid of the solid states</del>	
5. Event(s) (Please check all that apply				
X Incomplete abortionA	dverse reaction to RU-486	Patient hospitalized		
Patient received a transfusion Severe bloom	eeding			
Other serious event (specify)				
Other schools event (specify)	V			
6. Duration of event: <a href="#">L</a> Hours	Ø Days			
or paracion of events nodes				
7. Remarks: Pregnancy St.	11 Intact		F	
8. a. Name of physician who provided	RU-486 <u>Kar</u>	1 Schaeffe	- mo	
8. b. Physician's signature <u>Ka</u>	Date 10 31-	u, u	(M.D/D.O	
	Date 10 31	1 /		
iend completed forms to:	Chaka BAadiaal	Deemle Colete		

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 03 2017

## 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:		10	2014	
	Month	Day	Year	
2. Name of medical practice or facility at which I				
The Founder's Womens	Health ler	iter		
3. Address of medical practice or facility at	which RU-486	was provided:		
1243 E BROOD ST	Color	43205		•
4. Date post RU-486 complication began:	11.28-20	16		
5. Event(s) (Please check all that apply):				
Adverse	reaction to RU-486	Patient hospitalize	d	
Patient received a transfusion Severe bleeding				
Other serious event (specify) Reta	rimed POC	D+C		
6. Duration of event: 41 Hours	Days			
7. Remarks:	·	5		3
8. a. Name of physician who provided RU-		Schaefter	mp	
8. b. Physician's signature <u>Ka</u>		26er, w.D	M_D/D.O	
Send completed forms to:	State Medica	Board of Ohio		

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

MEDICAL BOARD

Columbus, OH 43215-6127

NOV 03 2017