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:	_2	211	14
	Month	Day (Year
2. Name of medical practice or facilit	y at which RU-486 was provi	dedeturace	1681
		LTC TTC	OMENS CENTER
		CUYAHOGA FALL	E RI) 3. 01144223
3. Address of medical practice or facili	ty at which RU-486 was prov	vided:	0.01144223
	NO	PITHEAST OHIO WOM	ENS CENTER
		2127 STATE D	
1. Date post RU-486 complication beg	in: /	CUYAHOGA FALLS,	H 44223
	MK	•	
Event(s) (Please check all that apply)	I fel U		
	• .		
ncomplete abortion	Adverse reaction to RU-486	Patient hoonis-to	
		robert nospitalized	
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
Duration of	0		
Duration of event: Hours	_		
Remarks: P+ / /			
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11 2nd doe of Mr.		um non ,	veez gin
want wire 9 ma	on Sayh	ly rima	Rock
Remarks: It had simple is who are in the		J	ways
or physician wito provided at	J-486 Q. M. Wa	In MD	
o. Physician's signature			
V	Date	CIVID / D	0
d completed forms			
	Medical Board of Ohio		
Legal Depar	tment		
30 E. Broad		MEDICA	T BOAK
	St., 3 rd Floor DH 43215-6127	MEDICA	L BOART

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:		29	18
	Month /	Day	Year
2. Name of medical practice or facility at which R	U-486 was provid	ed:	
3. Address of medical practice or facility at which	PII-486 was provi	dod	
NORTHEAST OHIO WOME	-	uea:	
LLC 2127 STATE DI	n		
4. Date post RU-486 complication began:	H 44223	-	
5. Event(s) (Please check all that apply):	•		
Incomplete abortion Adverse re	eaction to PII.496	Patient hospitalized	,
		ratient nospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	_ Days		
A-4			
7. Remarks: (1) had shill	e for	2 mel ItC	G
Ned Auden 2:0 m	4/28/18	- MWV2	smill
ant I don't	\exists		7 10-
8. a. Name of physician who provided RU-486	1 Tenn	Le With	· Na M
VV		1 10 10 100	C) 10/1/
8. b. Physician's signature	11/25/11	Ma/DC)
Date	4/50/0	√	
Send completed forms to: . State Medica	Board of Ohio		
Legal Department			
30 E. Broad St., 3 rd Fl	oor \	a 1	C 80° 18
Columbus, OH 4321	5-6127	MEDICA	- 0018
		JUL	0 % 5010
Prescribed: 5//2011, Rev. 12/13/12			