

## 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	17/	16
	Month		Year
2. Name of medical practice or facil		rovided:	
3. Address of medical practice or face			
4. Date post RU-486 complication be	egan:		
5. Event(s) (Please check all that appropriate incomplete abortion  Patient received a transfusion Sev.  Other serious event (specify)  6. Duration of event: A Ho	Adverse reaction to RU-4	.86 Patient hospitalized	
7. Remarks: Fulled MAB FDA regimen	(non viable 1	ur) due to	
8. a. Name of physician who provide 8. b. Physician's signature	d RU-486 CO	S/3/14	
30 E. B	State Medical Board of O repartment road St., 3 <sup>rd</sup> Floor	hìo	

C,



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	d:	April	II	2016
		Month	Day	Year
2. Name of medical practice	or facility at which R			Center
3. Address of medical practic	e or facility at which	RH-486 was provid		
3255 E Ma				213
4. Date post RU-486 complic	ation hegan:	5/16		
5. Event(s) (Please check all t	hat apply):	3		
Incomplete abortion	Adverse re	action to RU-486	Patient hospita	lized
Patient received a transfusion	Severe bleeding		·	
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks: faild	Molication o	ibotion, a	nhnune	) pregnary
8. a. Name of physician who	provided RU-486	POMAN	K	
8. b. Physician's signature	Date		3 4	125/110
Send completed forms to:	State Medica	Board of Ohio		
٠,	Legal Department			TDICAL DOADD
•	30 E. Broad St., 3 <sup>rd</sup> Fl	oor	ĮV.	IEDICAL BOARD

Columbus, OH 43215-6127

APR 26 2016



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 a	t which RU-486 was provid	led:	
3. Address of medical practice or facility 4255 E. Main			132B
4. Date post RU-486 complication began	레이터 이렇게 얼마나 있다. 그런 함께 하는데 그 없어?		
5. Event(s) (Please check all that apply):  Incomplete abortion Patient received a transfusion Severe be		Patient hospitaliz	e <b>d</b>
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: D:C for bluder	19.	•	
8. a. Name of physician who provided Ri 8. b. Physician's signature	U-486 Catheria	l Romanos	- μο_ μφ
Send completed forms to: Stat	e Medical Board of Ohio		
Legal Depar	rtment		
30 E. Broad	St., 3 <sup>rd</sup> Floor		·
Columbus,	OH 43215-6127	MED	ICAL BOARD

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2 2016

MAY



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	ed:	May	12,2014
		Month	Day Year
2. Name of medical practice	e or facility at which RU	-486 was provic	led:
3. Address of medical practi	ce or facility at which R	U-486 was prov	ided:
3255 EAST 1	Main St. (d)	Mbus,	04 4843
4. Date post RU-486 compli			
5. Event(s) (Please check all	that apply):	\$	
Incomplete abortion	Adverse rea	ction to RU-486	Patient hospitalized
Patient received a transfusion	n Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours	Days	
7. Remarks: Inomplete	Medical abortin	memazi	surgu all
8. a. Name of physician who	provided RU-486	***************************************	
8. b. Physician's signature	Date -	5/25/10.	MD/DO
Send completed forms to:	State Medical	Board of Ohio	
	Legal Department		MEDIO
	30 E. Broad St., 3 <sup>rd</sup> Flo		MEDICAL BOARD
•	Columbus, OH 43215	6127	MAY 2 7 2016



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Thre	3	2016
2. Name of medical practice or facility at who			Year
3. Address of medical practice or facility at w  3.255 E. Main St			37/7
4. Date post RU-486 complication began:	6/7/1	6	
5. Event(s) (Please check all that apply):  Adve	erse reaction to RU-486		lized
Patient received a transfusion Severe bleedi	ing	M	EDICAL BOARD
Other serious event (specify)			JUN 1 8 2016
6. Duration of event: Hours	Days		
7. Remarks: mamplete expulsion Severe fibraid when		due to	
8. a. Name of physician who provided RU=48 8. b. Physician's signature	Date	Coth	erine Romanus Do 0/9/100
Send completed forms to: State Me Legal Departme	edical Board of Ohio	-	
30 E. Broad St., Columbus, OH			



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Jure	10	2016
,	Month	Day	Year
2. Name of medical practice or facility at which R			Center
3. Address of medical practice or facility at which			
3295 E. Main St.	count	us A	43213
4. Date post RU-486 complication began:	6/15/1	6	
5. Event(s) (Please check all that apply):	, , ,		
Adverse re	eaction to RU-486	Patient hospi	talized
Patient received a transfusion Severe bleeding			•
Other serious event (specify)			·
6. Duration of event: Hours	_ Days		
7. Remarks: faled Medication as	bartion		
8. a. Name of physician who provided RU-486			Zontwos
8. b. Physician's signature	0,	1 -/	<u> </u>
Date		60/15/1ce	
Send completed forms to: State Medica	l Board of Ohio		
Legal Department			MEDICAL BOARD
30 E. Broad St., 3 <sup>rd</sup> F	loor		
Columbus, OH 4321	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	ly th	O Day	1016 Year	***
2. Name of medical practice or facility a	t which RU-486 v	was provided	•		
3. Address of medical practice or facility					· · · · · · · · · · · · · · · · · · ·
3255 East Main St	· Colum	buit	+ 432	13	
4. Date post RU-486 complication began					
5. Event(s) (Please check all that apply):		<b>N N N</b>			
Incomplete abortion	Adverse reaction to	RU-486	Patient hospita	ilized	
Patient received a transfusion Severe I	bleeding				
Other serious event (specify)					
6. Duration of event:	Days				
7. Remarks: Failed medical above his	m completed s	ivgiálly			
		2			
8. a. Name of physician who provided R	U-486 <u>F</u>	20mano3			
8. b. Physician's signature	Date	7/15/2014		0./0.0	-
Send completed forms to: Stat	te Medical Board	of Ohio			
Legal Depa			ME	DICAL BOARD	
	l St., 3 <sup>rd</sup> Floor				
: Columbus,	OH 43215-6127			JUL 18 2016	

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

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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:	*	August	16	2/21
·		Month	Day	<u> </u>
2. Name of medical practice or fac	cility at which R	U-486 was provid	led:	
PPGOH	,			
				ICAL BOARD
3. Address of medical practice or f		RU-486 was prov	iaca,	
3255 W M Columbus, C		1.2		AUG 29 2016
		213	<u> </u>	
4. Date post RU-486 complication	began: 8	24/2014		
5. Event(s) (Please check all that a	pply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitaliz	ad
incomplete abortion	Adverse re	action to NO-480	ratient nospitaliz	eu ·
Patient received a transfusion S	Severe bleeding			
			manada da	
X Other serious event (specify)	Failed m	edicul abort	m	
6. Duration of event:Z	Hours	_ Days		
7. Remarks:				
Surgical completion	of abortuni	J		
8. a. Name of physician who provi	ded RU-486	C. Kov	ranos	
8. b. Physician's signature	MK		M.D.	<u>/D.O</u>
	( Date	8/24/20	16	
Sond completed forms to:				
Send completed forms to:		al Board of Ohio		
	il Department . <i>Broad St.</i> , 3 <sup>rd</sup> F	loor		
Colu	mbus, OH 4321	13-017\		

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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 provided:	_08	24	6
	Month	Day	Year
2. Name of medical practice or facilit	y at which RU-486 was provi	ded:	
Planned Parentho	pod		
3. Address of medical practice or faci	lity at which RU-486 was pro	vided:	
3255 E. Main	St. Columbus	0H 42713	
4. Date post RU-486 complication be	Jan'	1	
9 6 16	5011.	!	
5. Event(s) (Please check all that appl	v):		
S. Eveni(s), (i. lease sheak all allae app.	<b>!!</b>		
✓ Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Seve	ere bleeding	700 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	•	'	
Other serious event (specify)			
		1	
6. Duration of event: Hor	ursDays		
7. Remarks: failed medica	hon aboltion as	moletel sive	10
		0	
		1	
8. a. Name of physician who provided	t RU-486 <u>Lisa K</u>	der	•
	Mrsn-		
8. b. Physician's signature		12016	0.0
	Date	1296	
Send completed forms to:	State Medical Board of Ohio		
Legal Do	epartment		
30 E. Br	oad St., 3 <sup>rd</sup> Floor		MEDICAL BUARD
Columb	us, OH 43215-6127	IV.	
		1	SER 19 2016

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

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided: September 27 2016
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. Mainst Columbas of 432B
4. Date post RU-486 complication began: $(3)$
5. Event(s) (Please check all that apply):
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 Kides are Certherive Law
8. b. Physician's signature
Date
Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3 <sup>rd</sup> Floor
Columbus, OH 43215-6127
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 provided: ——	Month	28 Day	2016
2. Name of medical practice or facility at which RU-4 Planked Patchtoo G		<del></del>	Year
3. Address of medical practice or facility at which RU-	486 was provid	led:	
3255 E. Main st			43213
4. Date post RU-486 complication began:	116	en e	
5. Event(s) (Please check all that apply):			
incomplete abortion Adverse reacti	on to RU-486	Patient hospitalize	<b>d</b>
Patient received a transfusion Severe bleeding	Section 1997		
Other serious event (specify) Failed Medical	tion Abor	tion	·
6. Duration of event: Hours D	ays		
7. Remarks:			
8. a. Name of physician who provided RU-486	Michell	le 15/eg	
8. b. Physician's signature	w	M.D.,	10.0
Date —	ા માર્કિફિ	<u>.</u>	
Send completed forms to: State Medical B	pard of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> Floo	r l		
Columbus, OH 43215-6	127	MEDI	CAL BOALD
Prescribed: 5//2011, Rev. 12/13/12			OV <b>21</b> 2016

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	d:	Novemb	er 3	2016
		Month	Day	Year
2. Name of medical practice Planned Parer		RU-486 was provi	ded:	
3. Address of medical practic 3255 East Ma Columbus, O	in street		/ided:	
4. Date post RU-486 complic	ation began:   /	0/16		
5. Event(s) (Please check all	that apply):			
X Incomplete abortion	Adverse	reaction to RU-486	Patient hospitaliz	eed
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:	***************************************			
8. a. Name of physician who	provided RU-486	Cather	ine Roma	inos
8. b. Physician's signature				1/0.0
	Da	ite	11/22/14	
Send completed forms to:	State Med	ical Board of Ohio		
	Legal Department			
	30 E. Broad St., 3"	<sup>d</sup> Floor		
	Columbus, OH 43	215-6127	MEDI	CAL BOARD
			N	)V <b>25</b> 2016
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 provid	ed·	N (A) (a) (A)	<u> </u>	1-7	
l a series was provid		Novemb	<u>cr</u>	<u> 1+</u>	2016
		Month	i :	Day	Year
2. Name of medical practic	e or facility at which RU	-486 was provi	ded:		
Planned Para	enthood - Ea.	st Sura	icai	/	
3. Address of medical practi	ice or facility at which R	U-486 was prov	/ided:		
3255 East Ma	in st	•	:		
Columbus, OF	<del>l 43213</del>		*		
4. Date post RU-486 compli	cation began:		:		
12/15/10			;		
5. Event(s) (Please check all	that applyly		<u> </u>		
3. Evenida) (Lieuse Check all	that apply):		i		
Incomplete abortion	Adverse read	tion to RU-486	Dati	ant hagnitaliaJ	
			rau	ent nospitalizeo	
Patient received a transfusion	1 Severe bleeding		: !		
X Other serious event (specify)	Filled Madi		11.	·	
Other serious event (specify)	I altea Meal	CUYIOTI &	100	17100	***
	2 2				
6. Duration of event:	Hours 55	Days			
7. Remarks:					
Den.		,	1		
D. Cheil	uncl · unco	ouplinate	ų,		
8. a. Name of physician who	provided PILAGE	Cathorie	20 1	Zannan	A.C.
	provided No-480	Caller !!	K K	comana	7.5
8. b. Physician's signature				(MD/D	.0
	Date —		127	29/11/2	
Send completed forms to:					
and completed forms fo:	State Medical B	oard of Ohio			
	Legal Department				
	30 E. Broad St., 3 <sup>rd</sup> Floo	r		MEDICA	L BOARD
	Columbus, OH 43215-6	5127		1122121111	
		; ; ;		JAN	03 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	17	1 -	70110		
Tate no no was provided.	<u>    L</u> Month		<u>- 2010</u>		
2. Name of modical practice or facility of which			Year		
2. Name of medical practice or facility at which RU-486 was provided: Plunned Patenthood East Columbus Surgial					
3. Address of medical practice or facility at whic 3256 East Muin St, Colun					
4. Date post RU-486 complication began: 1/5/17					
5. Event(s) (Please check all that apply):					
Incomplete abortion Adverse reaction to RU-486 Patient hospitalized					
Patient received a transfusion Severe bleeding					
X Other serious event (specify) Failed Medication Abortion					
6. Duration of event: Hours _35	Days				
7. Remarks: Failed Medication.	Abertion	with D3C	pricedure		
8. a. Name of physician who provided RU-486 Citherine Romanos					
8. b. Physician's signature			7,2/		
Dat	ie ———				
Send completed forms to: State Medic	cal Board of Ohio				
Legal Department					
30 E. Broad St., 3 <sup>rd</sup> Floor  MEDICAL BOARD					
Columbus, OH 43215-6127					
	•	JAN 1 9 2	017		



(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	110
	Month	Day	Year
2. Name of medical practice Planned Parci	e or facility at which RU-486 wa Mhood — East SU	is provided: INGICAL	
3. Address of medical pract 3255 East Mi COLUMBUS, O	ice or facility at which RU-486 v Ain St H 43213	vas provided:	
4. Date post RU-486 compli 12/21/16	cation began:		
5. Event(s) (Please check all	that apply):		
Incomplete abortion	Adverse reaction to R	U-486 Patient hospi	talized
Patient received a transfusio	n Severe bleeding		
Other serious event (specify)	Failed Medicati	on Abortion	<u>n</u>
6. Duration of event:	Hours Days		
7. Remarks:	much marcamplica:	(cf	
8. a. Name of physician who	provided RU-486	herine Rom	anas
8. b. Physician's signature	Date	12/	29/10
Send completed forms to:	State Medical Board of	f Ohio	
	Legal Department		
	30 E. Broad St., 3 <sup>rd</sup> Floor		
,	Columbus, OH 43215-6127	MEI	DICAL BOARD
		! !	JAN 03 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	ed.	1	;	1 - /	
	<u> </u>	Decem	<u>oer</u>	15	2016
2 Name of modical practic		Month	· .	Day	Year
2. Name of medical practic	e or facility at which	RU-486 was provi	ided:		
Planned Parent	rriood - Eas	st Surgic	al		
3. Address of medical practi					
3255 East MG	in St Mil	1100-486 was pro	vided:	(12712	
2000 0000 110	MI 51., [ UI	our (bus) O	MIU	95213	
4. Date post RU-486 complic	cation bogan, 10 1	-0 liv			
we are post to 480 compile	ation began: 12	22/16	i :		
5 Event/s) /Please shock all	that and I		<u> </u>		
5. Event(s) (Please check all	that apply):		d		
Incomplete abortion	Adverse	reaction to RU-486	: Patier	nt hospitalizad	
			1 400		
Patient received a transfusion	Severe bleeding		:	MED	ICAL BOARD
	<b>.</b>			9	
X Other serious event (specify)	failed Me	dication	Abo	rtian	AN 10 2017
Z Taran de lous evelle (spechy)	70071001710	of tartor f	, (12.0	1 110/1	
	15		:		
6. Duration of event:	Hours	Days	-		
7 Remarks:					
7. Remarks:	aboution re	solved		- 0	
7. Remarks: failed medication	abortion re	solved will	HN I	oic - wr	rcomplicated
7. Remarks: failed medication	abortion re	solved will	Hn I	):C - ur	ramplicated
failed modication					
7. Remarks:  failed medicator  8. a. Name of physician who			ine	sic - wr Rumau	
failed modication					
failed medication  8. a. Name of physician who	provided RU-486	Cather	ine	Ruma	
failed modication  8. a. Name of physician who  8. b. Physician's signature	provided RU-486 Date	Cather	ine		
failed medicator  8. a. Name of physician who  8. b. Physician's signature  Send completed forms to:	provided RU-486  Date  State Medica	Cather	ine	Ruma	
Failed modicator  8. a. Name of physician who  8. b. Physician's signature  Send completed forms to:	provided RU-486  Date  State Medica  Legal Department	Cather Seal Board of Ohio	ine	Ruma	
Failed modicator  8. a. Name of physician who  8. b. Physician's signature  Send completed forms to:	provided RU-486  Date  State Medica	Cather Cather al Board of Ohio	ine	Ruma	



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:    North   Day   Da	2010 Year
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood East Surgica	
3. Address of medical practice or facility at which RU-486 was provided:  3255 East Main St Columbus, Ohio 43213	
4. Date post RU-486 complication began:	
5. Event(s) (Please check all that apply):	
Incomplete abortion Adverse reaction to RU-486 Patient hos	pitalized
Patient received a transfusion Severe bleeding	
X Other serious event (specify) Failed Abortion	•
6. Duration of event: Hours Days	
7. Remarks:  FDA Mudication abortion @ 9w3d failed. Dicon 12/13/14.	for ongoing luf
8. a. Name of physician who provided RU-486 CATHERINE R	omanos
8. b. Physician's signature  Date	10/13/16
Send completed forms to: State Medical Board of Ohio	
Legal Department 30 E. Broad St., 3 <sup>rd</sup> Floor	MEDICAL BOARD

Columbus, OH 43215-6127

DEC 1 6 2016



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		29	20110
	Month	· Day	Year
2. Name of medical practice or facility at whi Planned Parenthood East SU		vided:	
3. Address of medical practice or facility at who 3265 East Main St., Colum	nich RU-486 was p 1 bus, Onio	rovided: 43213	
4. Date post RU-486 complication began:	13/17		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adver	rse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe bleedir	g		•
X Other serious event (specify) Failed M	ledication,	Abortion	
6. Duration of event:Hours 45	Days		
7. Remarks: Failed Medicution.	Abuiting	with Ofe p	procedure
8. a. Name of physician who provided RU-486	cather	ine Roman	<u>0</u> S
8. b. Physician's signature	Date	, M.D.	/ <u>D.O</u>
	dical Board of Ohio		
Legal Departmen			
30 E. Broad St., 3		MEDIO	CAL BOARD
Columbus, OH 4			N <b>1 9</b> 2017