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 (Month) 04 (Day) 2016 (Year)

2. Name of medical practice or facility at which RU-486 was provided:

The Founder's Women's Health Center
1243 East Broad Street
Columbus, Ohio 43205
(614) 251-1800

3. Address of medical practice or facility at which RU-486 was provided: See above

4. Date post RU-486 complication began: 08-26-16

5. Event(s) (Please check all that apply):

X Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: 41 Hours 0 Days

7. Remarks:
D+C procedure. POC Sent to Pathologist.
Diagnosis: necrotic villi+decidua. Consistent nonviable Pregnancy

8. a. Name of physician who provided RU-486 Karl Schaeffer MD

8. b. Physician's signature Karl Schaeffer M.D/D.O___

Date 10/3/17

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

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 (Month) 18 (Day) 2016 (Year)

2. Name of medical practice or facility at which RU-486 was provided:

THE FOUNDER'S Women's Health Center

3. Address of medical practice or facility at which RU-486 was provided:

1243 E BROAD ST COL OH 43205

4. Date post RU-486 complication began:

9-01-16

5. Event(s) (Please check all that apply):

___ Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

✓ Other serious event (specify) DEBRIS IN UTERUS

6. Duration of event: <1 Hours Ø Days

7. Remarks: Uterine contents suctioned D+C.
Sent to Pathology Lab. Diagnosis: Necrotic villi + Necrotic Decidua; consistent w nonviable pregnancy

8. a. Name of physician who provided RU-486 Karl Schaeffer MD

8. b. Physician's signature Karl Schaeffer, MD (M.D/D.O)

Date 10-31-17

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd 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 (Month) 01 (Day) 2016 (Year)

2. Name of medical practice or facility at which RU-486 was provided:

The Founder's Women's Health Center

3. Address of medical practice or facility at which RU-486 was provided:

1243 E Broad St Col Oh 43205

4. Date post RU-486 complication began:

9-15-16

5. Event(s) (Please check all that apply):

X Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: < 1 Hours Ø Days

7. Remarks: Pregnancy still Intact

8. a. Name of physician who provided RU-486 Karl Schaeffer MD

8. b. Physician's signature Karl Schaeffer, MD (M.D./D.O.)

Date 10 31-17

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

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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: 11 (Month) 10 (Day) 2016 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
The Founder's Womens Health Center

3. Address of medical practice or facility at which RU-486 was provided:
1243 E Broad St Colon 43205

4. Date post RU-486 complication began: 11-28-2016

5. Event(s) (Please check all that apply):

✓ Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

___ Other serious event (specify) Retained POC D+C

6. Duration of event: 21 Hours ___ Days

7. Remarks:

8. a. Name of physician who provided RU-486 Karl Schaeffer MD

8. b. Physician's signature Karl Schaeffer, MD (M.D/D.O)

Date 10-30-17

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

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