#### State Medical Board of Unio

### Report of RU-486 Event

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

Date RU-486 was provided:	09	24	2019	
	Month	Day	Year	Capturate from the Control of the Co
2. Name of medical practice or facility at which (UNP) tal (UNP) of TOLEGO	ı RU-486 was p <u>r</u> ovi	ded:		
3. Address of medical practice or facility a	t which RU-486	was provided:		
1100 W. Sylvania Ave				
Toledo OH 43612				
4. Date post RU-486 complication began:				
10/01/19				
5. Event(s) (Please check all that apply):	•	,		•
Incomplete abortionAdvers	e reaction to RU-486	Patient hospitalize	d	
Patient received a transfusion Severe bleeding	· ·			
Other serious event (specify)	<u> </u>	<del>'</del>		
6. Duration of event: Hours	Days	A-		
7. Remarks:	11/1			
Pt reported to Clinic for Stoindo	iva trup sov	10,5000 \$ NOW!	s pregnancy v	etainea.
0 - N 6-1	486 David	BUTYORS MD	,	
8. a. Name of physician who provided RU-	486 20110	DUTFORS IND	<u>,                                      </u>	
8. b. Physician's signature	Date	10/1/4	M.D/D.O	
Send completed forms to:	State Medical	Board of Ohio		•

**Legal Department** 

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

#### State wedical Board of Unio

### 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:	9	, ID	201	9
	Month	Day	Year	
2. Name of medical practice or facility at which RU	-486 was provide	ed:		
Capital Cave Toledo	)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
3. Address of medical practice or facility at w	hich RU-486 w	as provided:		
1160 W. Sylvania		•		
Toledo YOH 43612				
4. Date post RU-486 complication began:				
9/14/19				
5. Event(s) (Please check all that apply):				,
Le Incomplete abortionAdverse reaction to RU-486Patient hospitalized				
Patient received a transfusion Severe bleeding	•			
Other serious event (specify)	1			
6. Duration of event: MA Hours Da	WELL VS			
7. Remarks:				
8. a. Name of physician who provided RU-486	for.	bavid	Burkons	
8. b. Physician's signature	Pate (4) 1		M.D/D.O	
Send completed forms to:	tate Medical Bo	pard of Ohio		
Legal Dep	artment			

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 1 1 2019

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

Date RU-486 was provided:	08) Month	.27 Day	Year	
2. Name of medical practice or facility at which RU				
Capital Care of Toledo				
3. Address of medical practice or facility at w	hich RU-486 w	as provided:		
1160W Sylvania Ave Toledo	14 43612	with		****
4. Date post RU-486 complication began:				
5. Event(s) (Please check all that apply):			,	
Incomplete abortionAdverse rea	action to RU-486	Patient hospitalize	d	
Patient received a transfusion Severe bleeding			•	
Other serious event (specify)				
6. Duration of event: WAHours Da	ıys			
7. Remarks: pt reported to chinic to confirms pregnancy retained.	or sono fol pt to Othe	NY WEEKS Y Y CHYMC FOR	post Med ab, sono Europeal flypeare.	d d
D. News of the state of the sta	Valle of	Duckage 1	MX.	
8. a. Name of physician who provided RU-48  8. b. Physician's signature	Date	Burkons !	(M.D/D.O	

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

OCT 1 1 2019

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provi	ded:	20/ 14
2. Name of medical practi	ice or facility at which RU-486 was provide	Day Year
,	The state of the s	u.
3. Address of medical prac	tice or facility at which RU-486 was provid	led:
4. Date post RU-486 comp	lication began: The war of frule	Model
5. Event(s) (Please check a		
Incomplete abortion	Adverse reaction to RU-486	_ Patient hospitalized
Patient received a transfusion	on Severe bleeding	,
Other serious event (specify	Farled Medal	
6. Duration of event:	Hours Days	
7. Remarks:	Entertos Sercul	time to de
a breg test	and agree of the	The of whipslede
8. a. Name of physician wh	o provided RU-486	Hove
8. b. Physician's signature	Date 10/1/1/	M.D./D.O
Send completed forms to:	State Medical Board of Ohio	1.
BOARD	Legal Department	The won refer
M P		
CI 1 11 2019	30 E. Broad St., 3 <sup>rd</sup> Floor Columbus, OH 43215-6127	to the augustin

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

Date RU-486 was provided:	-2			
	O3 Month	26	2019	
2. Name of medical practice or faci		Day	Year	
Capital Care	Network	vided;		
3. Address of medical practice	or facility at 11 to 11			
3. Address of medical practice of 1160 W. Sy Ivania	Hule	was provided:		
Toledo, OH 4361	2			š
4. Date post RU-486 complicati	on began:			•
5. Event(s) (Please check all tha	t annivi-			
	cappiy).			
v incomplete abortion	Adverse reaction to RU-486	Patient hospitali	zed	
Patient received a transfusionS	evere bleeding			
Other serious event (specify)				
6. Duration of event: Ho	ursDays			
7. Remarks: Incomplet	e medical AR	A		
Tresimple	e literical As	OKITION.	•	
DE C COMP	etedy & compli	cations.		
9 n No	777	<del></del>		
8. a. Name of physician who pro	vided RU-486	Bullion	MS	
8. b. Physician's signature	Date	1/1/4	M.B/O.O	
end completed forms to:	State Medical	Board of Ohio	ARD	
	Legal Department		CALBOA	
*	30 E. Broad St., 3rd Flo	or *	NEDICAL BOARD	
	Columbus, OH 43215-	-6127	MAY	

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Sebruary 19 204
2. Name of modical wanting of failth, at	Month Day Year
2. Name of medical practice or facility at v	· ·
Capital Cara	2 Network
3. Address of medical practice or faci	ity at which RU-486 was provided:
1160 M. SYlva	nia Ave. TOledu, OH 43612
4. Date post RU-486 complication beg	zan:
February 26, 26	519
5. Event(s) (Please check all that appl	
Ancomplete abortionA	dverse reaction to RU-486 Patient hospitalized
Patient received a transfusion Severe bi	eeding
Other serious event (specify)	
6. Duration of event: D Hours	Days
7. Remarks:	
tailed w	redical abortion, Dec completed
with no c	umplications,
8. a. Name of physician who provided	RU-486 Dr. David Burkens MD.
8. b. Physician's signature	M.D/D:0
	Date 03 01 / 2019
	/ Date 03 / 01 / 2019
Send completed forms to:	State Medical Board of Ohio
·	/ 500
Le	State Medical Board of Ohio gal Department  F. Broad St. 3rd Floor
Le 30	State Medical Board of Ohio