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 provid	od:		5.]		[] 		
	eu.				<u> </u>	$-\!$	4
			lonth		Ра у		Year
2. Name of medical praction	e or facility at w	vhich RU-48	б was provid	ded:			
	OH 44223	HOGA FALLS,	CUYA	NORTHE	AST OHIO	WOMEN	SUBNICE
3. Address of medical pract	MENS CENTER MENS CENTER MENS CENTER	OW OHO TE	ABHTRON 86 mas blon	ided:	EL 2127 ST AHOGA FA	C ATE RD	
4. Date post RU-486 compli	cation began:	3/6	/19				
5. Event(s) (Please check all	that apply):		•				
/Incomplete at the							. •
Incomplete abortion	Ad	verse reaction	to RU-486 _	Patient	hospitalize	d .	•
Patient received a transfusion	Severe blee	ding .					
Other serious event (specify)							
6. Duration of event:	Hours	Days					
7. Remarks:	120	\$ 0	liffen	ty			
			^				
B. a. Name of physician who	provided RN-48	28	12	n V and	1		
B. b. Physician's signature	THE STATE OF THE S	" // 🕂	JAJA	VI JAIV	177		
s. b. i Hysician's signature	-//	Date	3/n	199	<u> </u>	D.O	•
Send completed forms to:	State M	edical Board	of Ohio				
·	Legal Departme	ent					
	30 E. Broad St.,		C:6 Hy c	i ngree	0 7		
	Columbus, OH			t Sudita (2)	U Č		
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WHHA0831

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:		Fel	-10	2014
		Month	Day	Year
2. Name of medical practice or	facility at which R	U-486 was provid	ed:	
3 Address of modical practice of	- f1114	D11 405		
3. Address of medical practice of	r racility at which	KU-486 Was provi	aea:	
		NO	RTHEAST OHIO WOI	
4. Date post RU-486 complication	n began:		2127 STATE CUYAHOGA FALLS	
5. Event(s) (Please check all that	apply):	•		
Incomplete abortion	Adverse re	action to RU-486	Patient hospitalize	d ·
Incomplete abortion Nos Imm Rem	m. One p	rossid me a	lesont	•
Patient received a transfusion				
Other serious event (specify)				
6. Duration of event:	Hours	_ Days		·
7. Remarks: 17 Ld 7	wen on Ufficially	e presed	on dedn	λ
8. a. Name of physician who pro-	vided/RU/486	DM B	when M	η
8. b. Physician's signature _	Date	3/1/4	(M.D.)	D.O
Send completed forms to:		Board of Ohio		
Leg	al Department	C C -4 -44		
30	E. Broad St., 3 rd Fl	66:8 ₩ 61	원생 2102	
Col	umbus, OH 4321	5-6127	V I., 43	