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:	3	1	19
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood			
3. Address of medical practice or facility at which RU-486 was provided: 2314 Auburn Ave. Cinci, OH 45219			
4. Date post RU-486 complication began: 3/14/19			
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) ongoing pregnancy / failed medical tx of treatment.			
6. Duration of event: _2_ Hours ___ Days			
7. Remarks: completed surgically			
8. a. Name of physician who provided RU-486 Dr. [illegible] 8. b. Physician's signature [signature] (MD)/D.O Date ______			

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 R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 5 (Month) 25 (Day) 19 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
6/12/19

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) ____________

6. Duration of event: NA Hours ______ Days

7. Remarks:
excess blood loss w/ medication abortion, no treatment needed other than iron supplement

8. a. Name of physician who provided RU-486 Dr. Kalsj

8. b. Physician's signature [signature] MD/DO (MD circled)

Date 6/20/19

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MEDICAL ... JUN 24 2019

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: 5 (Month) 25 (Day) 19 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:

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) Failed medical abortion

6. Duration of event: 2 Hours ____ Days

7. Remarks:
completed surgically without incident

8. a. Name of physician who provided RU-486 Dr. Kaley

8. b. Physician's signature [signature] MD/DO

Date 6/20/19

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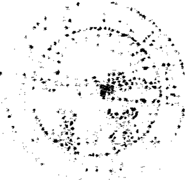
MEDICAL ... JUN 24 2019

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: 11 (Month) 9 (Day) 19 (Year)
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood
3. Address of medical practice or facility at which RU-486 was provided: 2314 Auburn Ave. Cinci, OH 45219
4. Date post RU-486 complication began: 11/23/19
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) ___
6. Duration of event: 0 Hours ___ Days
7. Remarks: D&C performed w/o incident
8. a. Name of physician who provided RU-486 Dr. Kaly
8. b. Physician's signature [signature] MD/DO (MD circled) Date 12/11/19

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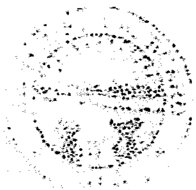
DEC 16 2019



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:	8 (Month) 28 (Day) 19 (Year)
2. Name of medical practice or facility at which RU-486 was provided:	Planned Parenthood
3. Address of medical practice or facility at which RU-486 was provided:	2314 Auburn Ave. Cinci, OH 45219
4. Date post RU-486 complication began:	9/12/19
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) ______
6. Duration of event:	2 Hours ___ Days
7. Remarks:	completed surgically w/o incident.
8. a. Name of physician who provided RU-486	Dr Kalsn
8. b. Physician's signature	[signature] (MD)/DO
Date	9/18/19

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MEDICAL BOARD
OCT 30 2019