

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-488

1. Date RU-486 was provided:	09)	0(	19
	Month	Day	Year
Name of medical practice or facilit Women's Med Dayton	y at which RU-486 was pro	vided:	
3. Address of medical practice or facil 1401 E Stroop Rd	ity at which RU-486 was pr	ovided:	
Dayton, Ohio 45429			and the state of t
4. Date post RU-486 complication beg	ian: 8/13/19		
5. Event(s) (Please check all that apply	v):		
Incomplete abornon (failed)	Advantage of the control of the cont	en e	
" (Marinetz socialism Clariton	AUVE/SE reaction to KO-488	ranent nospitaliz	ed
Patient received a transfusion Seve	re bleeding		
Other serious event (specify)			
6. Duration of event: Hou	rs Days		
7. Remarks: Which procedures	fed dilation	and Such	Cu
3. a. Name of physician who provided	RU-486 (10)	exine Por	anos
8. b. Physician's signature	Date	8/15/19	V00
send completed forms to: S	tate Medical Board of Ohio		
	AND THE PROPERTY OF THE PARTY O		
	partment	M	EDICAL BOARD  AUG 2 6 2019

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	07	19	19	
	Month	Day	Year	
2 Name of medical practice or facility	at which RU-486 was provide	d:		
Women's Med Dayton				
3. Address of medical practice or facilit 1401 E Stroop Rd	ty at which RU-486 was provid	ed:		
Dayton, Ohio 45429				
4. Date post RU-486 complication bega	o8/05/19		<del>na katalan kata</del>	
5. Event(s) (Please check all that apply)	<b>):</b>			***
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized		
		_ ration rospitalized		
Patient received a transfusion Severo	c bleeding			
Other serious event (specify)				
6. Duration of event: Hours	s Davs			
				<del></del>
7. Remarks:		-		
peneanal	licated dilation o	and Suchica		
		,	•	
O - Managara de la constante d	0.11			
8. a. Name of physician who provided	RU-486 <u>Caymerinu</u>	e Romanos		
8. b. Physician's signature		( MB/D	0	
	Date	8/16/19		
Send completed forms to: St/				
Legal Dep.	ate Medical Board of Ohio		CAL BOA	RD
	ad St., 3 <sup>rd</sup> Floor			
		4	UG 2 6 2019	
Columbus	6, OH 43215-6127			



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	JUIV)	15 Day	2019 Year
<ol> <li>Name of medical practice or facility at Women's Med Dayton</li> </ol>	which RU-486 was provid	ed:	
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	8/6/19	3.0	
5. Event(s) (Please check all that apply):			
Incomplete abortion A	dverse reaction to RU-485	Patient hospital	lzed
	en e		The latest and the la
Patient received a transfusion Severe ble	eding		e. (commonweller
			Table of the state
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
			No. of the Control of
Li h Oo s. Ni a a li mi	SUCKER		Vine and the state of the state
uncomplicated			•
Micanpirano			*Appendimental disease
3. a. Name of physician who provided RU-		ne Roma	n05
3. a. Name of physician who provided RU-		ne Roma	n05
		ne Roma	n05

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

AUG 2 6 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	May	03	2019
	Month	Day	Year
<ol> <li>Name of medical practice or facility at Women's Med Dayton</li> </ol>	which RU-486 was provic	ed:	
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	5/17/19		
5. Event(s) (Please check all that apply):			
Incomplete abortion A	dverse reaction to RU-486	Patient hospitalize	<b>td</b>
Patient received a transfusion Severe ble	eding		
Other serious event (specify)	ed clot		
6. Duration of event: Hours	Days	<del>ili dani ka mata ili dani dani dani dani dani dani dani dan</del>	
7. Remarks:			
uncompl	icuted such	ca	
. a. Name of physician who provided RU-4	186 Cather	ine Ron	anos
. b. Physician's signature	03	5 13	00
	Date	2/00	119
	Medical Board of Ohio		
Legal Departm			MEDICAL BOAF
30 E. Broad St.	•	٠	IIIN 1 7 2019
Columbus, OH	<b>グロウェビ ビュココ</b>		HIM & AUG



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	April		2019
Name of medical practice or facility at     Women's Med Dayton	Menth which RU-486 was provid	<sub>Day</sub> led:	Year
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	it which RU-486 was prov	ded:	
4. Date post RU-486 complication began:	5/14/19		
5. Event(s) (Please check all that apply):	dverse reaction to RU-486	Patient hospitalize	1
Patient received a transfusion Severe ble	eding		
Other serious event (specify)	ha mts		
6. Duration of event: Hours	Days		
7. Remarks:  Uncomput	Wed Dilaha	n and S	Buetra
a. Name of physician who provided RU-	186 <u>Catherine</u>	2 Daman	26
. b. Physician's signature		e Romani	9
end completed forms to: State N	Date	$\frac{3}{5}$	0/19
	Medical Board of Ohio		DICAL BOARD
Legal Departm 30 E. Broad St		ME	
Columbus, OH		ŕ	JUN 1 7 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was prov	rided:	<u>April</u>		2019
		Morth	Day	Year
<ol> <li>Name of medical pract</li> <li>Women's Med Day</li> </ol>	lice or facility at whi yton	ch RU-486 was provid	led:	
3. Address of medical pra- 1401 E Stroop Rd	ctice or facility at wh	hich RU-486 was prov	ided:	
Dayton, Ohio 4542				
4. Date post RU-486 comp	olication began: 4	122/19		
5. Event(s) (Please check a	all that apply):			
Incomplete abortion	Adver	se reaction to RU-486	Patient hospital	ized
Patient received a transfus	ionSevere bleedin	<b>&amp;</b>		
<b>01</b>				
Other serious event (specif	y)			
6. Duration of event:	Hours	Days		
7. Remarks:		Account to the second s		
	dilation	1 and such		
	•			
. a. Name of physician wh	o provided RU-486	Mark	Me Pan	201010
L.b. Physician's signature		Charles of the same of the sam	in Kill	nanos
o organization	Ď:	ate	7	400 2019
end completed forms to:				
	State Med	ical Board of Ohio	S. 4 mm	
	Legal Department	•	MED	ICAL -
	Legal Department 30 E. Broad St., 3"		MED	ICAL BOARD

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	March	18	2010
	Month	Day	Year
<ol> <li>Name of medical practice or facility Women's Med Dayton</li> </ol>	y at which RU-486 was provid	ed:	
3. Address of medical practice or facili 1401 E Stroop Rd	ty at which RU-486 was provi	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication bega	an: 3/19/19		
5. Event(s) (Please check all that apply	):		
Incomplete abortion			
washington	Adverse reaction to RU-485	Patient hospitaliz	ŧď
Patient received a transfusion Severe	e bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
tissue rei	noved 4mm course	1 00	
baraj	drocked Suchra	~ •	
3. a. Name of physician who provided I	RU-486 COTHERINA	Romano	<i>C</i> <sub>3</sub>
b. Physician's signature			
	Date	) 4/10/19	D.O.
end completed forms to: Sta	te Medical Board of Ohio		
Legal Depa			
	i St., 3 <sup>rd</sup> Floor		AL BOARD
	OH 43215-6127	AP	2 5 2019



(Required pursuant to R.C. 2919.123)

1 Date Oil 400			
1. Date RU-486 was provided:	March		2010
Name of medical practice or facility     Women's Med Dayton	Month y at which RU-486 was pro	Day Ovided:	Year
3. Address of medical practice or facili 1401 E Stroop Rd Dayton, Ohio 45429	ty at which RU-486 was p	rovided:	
4. Date post RU-486 complication bega	an: 3/12/19		
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)			
5. Duration of event: Hours	Days		
Remarks: Wareholical	ed dilahan	suction	
a. Name of physician who provided R	4486 Cathe	rine Roma	1006
b. Physician's signature	Date	3/2/19	
end completed forms to: Stat	e Medical Board of Ohio		
	St., 3 <sup>rd</sup> Floor	MEDICA	LBOARD
	OH 43215-6127	APR 0	





(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	February 28 2019
<ol> <li>Name of medical practice or facilit</li> <li>Women's Med Dayton</li> </ol>	Menth Day Year y at which RU-486 was provided:
3. Address of medical practice or facili 1401 E Stroop Rd Dayton, Ohio 45429	ity at which RU-486 was provided:
4. Date post RU-486 complication begi	an: 4[5]19
5. Event(s) (Please check all that apply) Incomplete abortion	Adverse reaction to RU-486 Patient hospitalized
Patient received a transfusion Severe Severe Other serious event (specify)	
. Duration of event: Hours . Remarks:	
	ian - uniomplicated.
Name of physician who provided R     Physician's signature	Date 415/19
nd completed forms to: Stat	te Medical Board of Ohio
Legal Depai	rtment
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-485

1. Date RU-486 was prov	ided:	February	22	2019
<ol> <li>Name of medical pract</li> <li>Women's Med Day</li> </ol>	ice or facility at which ton	Month 1 RU-486 was provided:	Day	Year
3. Address of medical prac 1401 E Stroop Rd Dayton, Ohio 45429		ch RU-486 was provided:		
4. Date post RU-486 comp	lication began: 2	127/19		
5. Event(s) (Please check a	Il that apply):			
X Incomplete abortion	Adverse	reaction to RU-485Pa	atient hospitalized	
Patient received a transfusi	on Severe bleeding			
Other serious event (specify	)			
6. Duration of event:	Hours	_ Days		
7. Remarks: からら Suc	ne removed the	frm os.		
a. Name of physician who	provided RU-486	Catherine	? Roma	un05
. b. Physician's signature	Date		5 4/10	19
end completed forms to:	State Medica	al Board of Ohio		
	Legal Department	Commission of the commission o	30 / 30 innin	
	30 E. Broad St., 3 <sup>rd</sup> F	loor	MED	CAL BOARD
	Columbus, OH 4321	5-6127	A	PR 2 5 2019

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



(Required pursuant to R.C. 2919.123)

Date RU-486 was provided:	Februar	
Name of medical practice or facility     Women's Med Dayton	Month by at which RU-486 was provi	Day Year ided:
3. Address of medical practice or facil 1401 E Stroop Rd Dayton, Ohio 45429	lity at which RU-486 was pro	vided:
4. Date post RU-486 complication beg	(an: 02/21/19	
5. Event(s) (Please check all that apply incomplete abornion		Patient hospitalized
Patient received a transfusion Sever Other serious event (specify)	re bleeding	
6. Duration of event: 1 Hour	s Days	
7. Remarks: Uncamplicat	e dilahon: s	we from
. a. Name of physician who provided . b. Physician's signature		Mo 100
end completed forms to: Sta	Date	49
Legal Depa		MEDICAL BOARD
	OH 43215-6127	MAR 0 4 2010



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was prov	rided:	Januaru	25	2019
		Month	Day	Year
<ol> <li>Name of medical prac Women's Med Da</li> </ol>	tice or facility at which yton	RU-486 was provided		
3. Address of medical pra 1401 E Stroop Rd	ctice or facility at which	RU-486 was provide	d:	
Dayton, Ohio 4542	9			
4. Date post RU-486 comp	olication began: 13	1/2019		
5. Event(s) (Please check a	all that apply):			
Incomplete abortion	Adverse r	eaction to RU-485	Patient hospitalized	; }
Patient received a transfus	ionSevere bleeding			
Other serious event (specif	y) <u>Failed</u> m	sdication abo	Ma	<del> </del>
Duration of event:	Hours	_ Days		
'. Remarks;				
U	ncemplicated	dilahona	nd Such	ha
a. Name of physician wh	o provided RU-486	Patherine	Romanos	
b. Physician's signature				
	Date	1/3:1		n de la companya de l
nd completed forms to:	State Medical	Board of Ohio		
	Legal Department		MEDIC	AL BOARD
	30 E. Broad St., 3rd Flo	oor	*	
	Columbus OH 43215	£177	FFR	£ 9 2019



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:		Januar		2019
Name of medical practice or facility     Women's Med Dayton	ty at which RU		Day ed:	Year
3. Address of medical practice or faci 1401 E Stroop Rd	lity at which Ri	J-486 was provid	led:	
Dayton, Ohio 45429				
4. Date post RU-486 complication beg	gan: 2/14	H19		
5. Event(s) (Please check all that apply				
/ Incomplete abortion	Adverse react	tion to RU-485	Patient hospit	alized
Patient received a transfusion Sever	re bleeding			
Other serious event (specify)				
6. Duration of event: Hou	rs D	ays .		
7. Remarks:				
Uncompirated	d dila	ton and	Such	a
a. Name of physician who provided	RU-486	Catherine	Roma	1000
b. Physician's signature	-0	<u> </u>	19	
end completed forms to: Sta	Date		19	
7.7	ate Medical Bo	ard of Ohio		MEDICAL SO
Legal Dep.	artment od St., 3 <sup>rd</sup> Floor			MEDICAL BOARI
30 E. BJ03	10 St., 3 F1001			· MAR 0 4 2019

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	January II	2019
Name of medical practice or facility at w     Women's Med Dayton	Month Day which RU-486 was provided:	Year
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	which RU-486 was provided:	
4. Date post RU-486 complication began:		
5. Event(s) (Please check all that apply):		
Incomplete abortion Ad	verse reaction to RU-485 Patient hospit	alized
Patient received a transfusion Severe blee Other serious event (specify) Rough	miclication abotion	
6. Duration of event: Hours	Days	
	plation and Suchon.	
3. a. Name of physician who provided RU-4: 3. b. Physician's signature	86 Catherine Romai	105
s. o. mysician s signature	Date 1110 0	2)00
end completed forms to: State M	ledical Board of Ohio	
Legal Departme		
30 E. Broad St.,		•
Columbus, OH	43215-6127	