

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-48E

1. Date RU-486 was provided:		JA T	19
	Month	Day	Year
Name of medical practice or facility at which I	RU-486 was provided:		
Women's Med Dayton			
Address of medical practice or facility at which     1401 E Stroop Rd	RU-486 was provided:		
Dayton, Ohio 45429			
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
incomplete abortion Adverse re	eaction to RU-486Pa	tient hospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify)	e aboution		- The state of the
5. Duration of event: Hours	Days		
7. Remarks:			
a. Name of physician who provided RII-486			
a. Name of physician who provided RU-486	2.10		The second secon
a. Name of physician who provided RU-486 b. Physician's signature	?· Care	-80.70	10

Legal Department 30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

DEC 1 9 2019



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided HU-885

1. Date RU-486 was provided:		10	18	19
		onth	Day	Year
<ol> <li>Name of medical practice or faci Women's Med Dayton</li> </ol>	llity at which RU-48	6 was provided		
3. Address of medical practice or fact 1401 E Stroop Rd	cility at which RU-4	86 was provide	d:	
Dayton, Ohio 45429				
4. Date post RU-486 complication be	egan: IIII Ə	/19		
5. Event(s) (Please check all that app	:(yk			
Incomplete abortion	Adverse reaction	to RU-4861	Patient hospitalized	
Patient received a transfusion Sev				
Other serious event (specify)	failed al	201/20-		·
5. Duration of event:Ho	urs Days			
7. Remarks;				
. a. Name of physician who provided	RIL486	Position	V KAP6	**************************************
. b. Physician's signature	R.II			
1	Date	11/12/19	MD./D	O saissa.
end completed forms to: S	itate Medical Board	of Ohio		
Legal De	partment		MEN	CAL BOARD
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NOV 1 8 2019

30 E. Broad St., 3rd 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

Date RU-486 was provided:	8	7	19
	Month	Day	Year
7 Name of medical practice or facility at w Women's Med Dayton	vhich RU-486 was provide	d:	
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was provid	ed:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began: (	8/8/19		
5. Event(s) (Please check all that apply):			
Incomplete abortion Ad	lverse reaction to RU-486	_Patient hospitalize	<b>d</b>
Patient received a transfusion Severe blee	eding		
XOther serious event (specify)	failed alp		
6. Duration of event:	Days		
7. Remarks:			
8. a. Name of physician who provided RU-	486 Rosti	an kada	
8. b. Physician's signature	(Cudy	is wo	LDA
	Date		

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)

To be completed by the physician who provided RU-485

Date RU-486 was provided:	8	5	19
	Month	Day	Year
Name of medical practice or facility at w Women's Med Dayton	hich RU-486 was provid	ed:	
<ol> <li>Address of medical practice or facility at 1 1401 E Stroop Rd</li> </ol>	which RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	\$113/19		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	verse reaction to RU-486	Patient hospitalized	ı
Patient received a transfusion X Severe blee	ding		
Other serious event (specify)			The state of the s
6. Duration of event: Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-4	86 Rosly	nkade	
8. b. Physician's signature	&. Coa	- his (MB)	D.O.
	Date		Annual and Control of the Control of

Send completed forms to:

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)

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	id a d			
+. Dete unition was brow	noea:	Agril	23	2019
		Venth	Day	Year
Women's Med Day	tice or facility at which RU yton	-486 was provi	ded:	
3. Address of medical pra 1401 E Stroop Rd	ctice or facility at which R	U-486 was prov	/ded:	
Dayton, Ohio 4542	9			
4. Date post RU-486 comp	plication began: $5/a$	1/19		
5. Event(s) (Please check a	all that apply):			
incomplete abomon	Adverse real	monto RU-486	Patient hospitali	žed .
Patient received a transfus	ian Severe bleeding			
Other serious event (specif	vi failed	malp		- The state of the
6. Duration of event:	Hours(	) ays		
7. Remarks:		TO SECTION AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMIN		
3. a. Name of physician wh	o provided RU-486	Rosiun	kade n	10
B. b. Physician's signature	L. (C			
	Date _	Ś	19/19	/00
end completed forms to:	AL-1.			6.
the state of the s	State Medical B	oard of Ohio		
	Legal Department  30 E. Broad St., 3 <sup>rd</sup> Floo		MEDIC	CAL BOARS
	Calumbus, OH 43215-6		MΔN	′ 2 0 2019
		127	****	wviv



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	<u>Janua</u>	1111 09	2010
Name of medical practice o     Women's Med Dayton	Month r facility at which RU-486 was pro	Day Ovided:	Year
3. Address of medical practice 1401 E Stroop Rd Dayton, Ohio 45429	or facility at which RU-486 was pr	rovided:	
4. Date post RU-486 complicati	on began:     22     9		
5. Event(s) (Please check all tha	t apply): Adverse reaction to RU-485	Patient hospitalized	
Patient received a transfusion	_ Severe bleeding		
Other serious event (specify)			
. Duration of event:	Hours Days		
. Remarks:			
a. Name of physician who prov	ided RU-486 RENYO	Kade	
b. Physician's signature	D.C.	MD/DO	
		11251119	
nd completed forms to:	Date	1-411	
nd completed forms to:	State Medical Board of Ohio	7-417	
Legal		MEDICAL	RUARO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	Januara	0	20101
	Month /	Day	Year
<ol> <li>Name of medical practice or facility Women's Med Dayton</li> </ol>	at which RU-486 was provided:		
3. Address of medical practice or facilit 1401 E Stroop Rd	y at which RU-486 was provided:		
Dayton, Ohio 45429			
4. Date post RU-486 complication bega	n: 1/17/19		
Event(s) (Please check all that apply):			
Vincomplete abortion	Adverse reaction to RU-485Pat	ient hospitalize	<b>d</b>
Patient received a transfusion Severe	bleeding		
Other serious event (specify)		<u></u>	
Duration of event: Hours	Days		
. Remarks:			
a. Name of physician who provided Ri	U-486 _ BOSIUN K	ade M	I.D.
b. Physician's signature	L. Car	MOU	
-biggs	Date		- Andrews
nd completed forms to: State	e Medical Board of Ohio		
Legal Depar			
30 E. Broad	St., 3 <sup>rd</sup> Floor		
	OH 43215-6127		and the same and t

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JAN 25 2019