

(Required pursuant to R.C. 2919.123)

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

1. Date RU-486 was provided:		12	19
Name of medical practice or facility at Women's Med Dayton	Month t which RU-486 was provi	Day ded:	Year
3. Address of medical practice or facility: 1401 E Stroop Rd	at which RU-486 was pro-	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalize	<b>id</b>
Patient received a transfusion Severe bl	eeding		
Other serious event (specify)	eled aboutro		
5. Duration of event:	Days		
7. Remarks:	a professional de la constantina de la		
.a. Name of physician who provided RU-	486		
b. Physician's signature	K. Care		D.O.
	Date		
and completed forms to	Madian Daniel day		

State Medical Board of Ohio

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-485

1. Date RU-486 was provided:	10	18	19
	Month	Day	Year
<ol> <li>Name of medical practice or facility Women's Med Dayton</li> </ol>	at which RU-486 was provid	ed:	
3. Address of medical practice or facilit 1401 E Stroop Rd	y at which RU-486 was provi	deð:	
Dayton, Ohio 45429			
4. Date post RU-486 complication bega	n: 1117/19		
5. Event(s) (Please check all that apply)			
Incomplete abornon	Adverse reaction to RU-486	Patient hospitalised	
Other serious event (specify)	oled abortion	<b>₹</b>	
7. Remarks:			
. a. Name of physician who provided R	U-486 <i>Rosc</i> u	IN KAPS	
b. Physician's signature	R.Can	M.D./.D	
The state of the s	Date		Assessment of the second of th
end completed forms to: Stat	e Medical Board of Ohio		
Legal Depar	tment	MEN	CAL BOARD
30 F Broad	St. 3 <sup>rd</sup> Elana	MED	

NOV 1 8 2019

30 E. Broad St., 3rd Floor

Columbus, 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:	8	7	19
	Month	Day	Year
7 Name of medical practice or facility at v Women's Med Dayton	which RU-486 was provide	d:	
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was provid	led:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began: (	8/8/19		
5. Event(s) (Please check all that apply):			
Incomplete abortionA	dverse reaction to RU-486	Patient hospitalize	ď
Patient received a transfusion Severe ble	eding		
XOther serious event (specify)	failed as	• • • • • • • • • • • • • • • • • • •	
6. Duration of event:	Days		
7. Remarks:			
	_		
8. a. Name of physician who provided RU-	486 Rosh	an kade	
8. b. Physician's signature	C. (Cud	in mo	DO.
	Date		

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-485

1. Date RU-486 was provided:	8	5	19
	Month	Day	Year
7 Name of medical practice or facility at wh Women's Med Dayton	nich RU-486 was provid	ed:	
3. Address of medical practice or facility at w 1401 E Stroop Rd Dayton, Ohio 45429	hich RU-486 was prov	ded:	
4. Date post RU-486 complication began:	1/3/19		
5. Event(s) (Please check all that apply):			
Incomplete abortion Advi	erse reaction to RU-486	Patient hospitaliza	eci
Other serious event (specify)			and the second s
6. Duration of event:/_ Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-48	Rosly Con	nkade	
8. b. Physician's signature	E. Coai	- HR (MB	/DO
	Date		
Send completed forms to: State M	edical Board of Ohio		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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MEDICAL BOARD

AUG 2 6 2019

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided HU-485

1. Date RU-486 was provided:	09	0(	19
	Month	Day	Year
7 Name of medical practice or facility at a Women's Med Dayton	which RU-486 was pro	ovided:	
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	t which RU-486 was p	rov ded:	
4. Date post RU-486 complication began:	8/13/19		
5. Event(s) (Please check all that apply):			
Incomplete abornon (failed)A	dverse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe ble	reding		
Other serious event (specify)			· · · · · · · · · · · · · · · · · · ·
6. Duration of event: Hours	Days		
7. Remarks:  Which proceeds	1 dilation	and Such	icu
8. a. Name of physician who provided RU-	486 COHO!	erme Ron	manos
8. b. Physician's signature	Date	8/15/19	200_
Send completed forms to: State	Medical Board of Ohio		DOARD
Legal Departs	ment	N	MEDICAL BOARD

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

AUG 2 6 2019

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	07	19	19
	Month	Day	Year
<ol> <li>Name of medical practice or facility at v Women's Med Dayton</li> </ol>	which RU-486 was provide	<b>≥</b> ď:	
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was provi	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	08/05/19		
5. Event(s) (Please check all that apply):			
Incomplete abortion	dverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe blee	eding		
Other serious event (specify)			-
6. Duration of event: Hours	Days		32
7. Remarks:	melenne polymonial <del>a minimiente e a a</del> que que propriorir de la que <mark>na la que que a mante</mark> de participalis de la coma ad		
uneamplica	-fed dilchin	and Suchia	۸.
8. a. Name of physician who provided RU-	489 Catherin	u Romano	S
8. b. Physician's signature	Date	8/6/	D.O.
Send completed forms to: State	Medical Board of Ohio		- 4 7 7
Legal Departr	nent	MEI	DICAL BOARD
30 E. Broad St	t., 3 <sup>rd</sup> Floor		AUG 2 6 2019

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-488

1. Date RU-486 was provided:	JUIL	15	2019
	Month	Day	Year
<ol> <li>Name of medical practice or facility at</li> </ol>	which RU-486 was provi	ded:	
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	at which RU-486 was pro	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	8/6/19		
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hornital	Irad
Patient received a transfusion Severe bl	oninaal		
Other serious event (specify)			and the same of th
6. Duration of event: Hours _	Days		
6. Duration of event: Hours  7. Remarks:	Days		
7. Remarks:			
7. Remarks:			
7. Remarks:  Un Complicateo	d sucken.	Me Roma	n06
7. Remarks:  Un Complication  8. a. Name of physician who provided RU	d sucken.	me Roma	n05
7. Remarks:  UnComplication  3. a. Name of physician who provided RU	d sucken.	ne Roma	n05
7. Remarks: Un Complicateo	d sucken.	ne Roma	

Legal Department

30 E. Broad St., 3<sup>rd</sup> 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 a Women's Med Dayton</li> </ol>	which RU-486 was provi	ded:	
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was pro-	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	5/17/19		
5. Event(s) (Please check all that apply):			
Incomplete abortionAr	dverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe blee	eding		
Other serious event (specify)	ed clot		
6. Duration of event: Hours	Days		
7. Remarks;			
unccompl	icuted Suc	tica	
3. a. Name of physician who provided RU-2	186 Cather	TIME ROC	MINOG
l. b. Physician's signature		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	400
	Date	5/00	119
end completed forms to: State N	Medical Board of Ohio		
Legal Departm			TON BOAF
30 E. Broad St.	, 3 <sup>rd</sup> Floor		MEDICAL BOAF
Columbus, OH	43215-6127		.IUN 1 7 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		:Acrl	2 2	
		Menth Menth	<u> </u>	2019
Name of medical practice or faci Women's Med Dayton	ility at which RL		Day led:	Year
3. Address of medical practice or fa 1401 E Stroop Rd	cility at which F	IU-486 was prov	ded:	
Dayton, Ohio 45429				
4. Date post RU-486 complication b	egan: 5/0	7/19		
5. Event(s) (Please check all that app	ply):			
incomplete abornon	Adverse rea	ction to RU-486	Patient hospitaliz	<b>e</b> d
Patient received a transfusion Sec	vere bleeding			
Vother serious event (specify)	ailed	malp		
6. Duration of event: Ho	urs(	Days		
7. Remarks:		THE SECOND STATE OF THE SECOND		
. a. Name of physician who provided	d pu asa	V - Si		
. b. Physician's signature		- Rosiyn	kade m	
Ann on	Date _		19/19	<u> </u>
end completed forms to:	State Medical B	Dard of Ohio		
Legal De	epartment pad St., 3 <sup>rd</sup> Floo		MEDIC	AL BOART
	US. OH 43215.A		MAY	2 0 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Ato	ril		2010
	Mont		Day	
Name of medical practice or facilit     Women's Med Dayton	ty at which RU-486 w	/as provided:		Year
3. Address of medical practice or facil 1401 E Stroop Rd	lity at which RU-486	was provided:		
Dayton, Ohio 45429				
4. Date post RU-486 complication beg	san: 5/4/19			
5. Event(s) (Please check all that apply	v):			
Incomplete abortion	Adverse reaction to I	RU-486 Patie	nt hospitalized	i
Patient received a transfusion Sever	re bleeding			
Other serious event (specify)	ailed MH	3		-
5. Duration of event: Hour	's Days			
7. Remarks:				
	valed Di	lahan a	nd S	Suetra
. a. Name of physician who provided	PILASE CAL	herine R	010-01-2	
. b. Physician's signature	10-486 <u>COT</u>	HOTTING KI	omana	16
. o. r nysician s signature			- Golge	φ
	Date		-5/2	plig
and completed forms to: Sta	ate Medical Board of	Ohio	×	
Legal Depa	artment		ME	DICAL BOARD
30 E. Broa	d St., 3 <sup>rd</sup> Floor		3 M # Emmi	JUN 1 7 2019
	OH 43215-6127			JUN F . CA.



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was prov	ided:	-April		2019
<ol><li>Name of medical pract Women's Med Day</li></ol>	ice or facility at whi /ton	Month ch RU-486 was provide	Day ed:	Year
3. Address of medical pract 1401 E Stroop Rd	tice or facility at wh	nich RU-486 was provid	ded:	
Dayton, Ohio 45429	) 9			
4. Date post RU-486 comp	lication began: 4	122/19		
5. Event(s) (Please check a	Il that apply):			
Incomplete abortion		se reaction to RU-485	Patient hospital	lzed
Patient received a transfusi				
	Jevare bleedin	<b>\$</b>		
Other serious event (specify	/)			
6. Duration of event:	Hours	Days		
7. Remarks:				
	dilation	1 and such	`CA	
a. Name of physician wh	o provided RU-486	Cather	ne Pon	nanos
L.b. Physician's signature			640	700
	Da	ote	) 41-	00/19
end completed forms to:	State Med	ical Board of Ohio		
	Legal Department		MED	ICAL BOARD
	30 E. Broad St., 3"		A	PR 2 9 2019
	Columbus OH 42	215.6127	• • •	^ 7019

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	Mar	ron	18	2010
	Month		Day	Year.
<ol> <li>Name of medical practice or fa Women's Med Dayton</li> </ol>	cility at which RU-486 wa	s provided:		
3. Address of medical practice or f 1401 E Stroop Rd	acility at which RU-486 w	vas provided		
Dayton, Ohio 45429				
4. Date post RU-486 complication	began: 3/19/19			
5. Event(s) (Please check all that ap	oply):			
incomplete abortion	Adverse reaction to RI	U-485 Pa	atient hospitalize	d
Patient received a transfusion \$	evere bleeding			
Other serious event (specify)	Manufacture of the Control of the Co			
6. Duration of event: H	ours Days			
7. Remarks:				
Done 1	removed Yru a paralled Sua	curred	CS	
. a. Name of physician who provide	ed RU-486 COH	herine 1	Romanos	,
. b. Physician's signature		-2	(MD)	0.0
	Date	<u> </u>	4/16/19	
end completed forms to:	State Medical Board of (	Ohio		
Legal C	Pepartment		MEDIC	AL BOARD
30 E. B	road St., 3 <sup>rd</sup> Floor			
Columi	ous, OH 43215-6127		APR	2 5 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	March	7	200
	Month	Day	Year
Name of medical practice or fac Women's Med Dayton	ility at which RU-486 was provide	ed:	120
<ol> <li>Address of medical practice or fa 1401 E Stroop Rd Dayton, Ohio 45429</li> </ol>	cility at which RU-486 was provid	led:	
4. Date post RU-486 complication b	egan: 3/12/19		
5. Event(s) (Please check all that application	ply):Adverse reaction to RU-485	Patient hospitalized	
Patient received a transfusion Sec	vere bleeding		
Other serious event (specify)			
Duration of event: Ho	urs Days		
7. Remarks: Wampba	oted dilater	suction	
a. Name of physician who provided	RU-486 CATHERIN	ie Romai	106
b. Physician's signature	Date	3/2/19	
and completed forms to:	itate Medical Board of Ohio		
	partment	<b>8 8 8 8 8 8 8 8 8 8</b>	
30 E. Bro	oad St., 3 <sup>rd</sup> Floor	NEDICA	LBOARD
Columbi	us, OH 43215-6127	APR 0	The state of the s





(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	EC.	bruary	28	2019
<ol> <li>Name of medical practice or facility a Women's Med Dayton</li> </ol>			Day	Year
3. Address of medical practice or facility 1401 E Stroop Rd Dayton, Ohio 45429	at which RU-486	was provided:		
4. Date post RU-486 complication began:	4 5 10	7		
5. Event(s) (Please check all that apply):  Incomplete abortion  Patient received a transfusion Severe bi	Adverse reaction to	RU-486 Patie	nt hospitalized	
Other serious event (specify)				·
. Duration of event: Hours	Days			
. Remarks: Sucha	) - bh(on	plicaled		
a. Name of physician who provided RU- b. Physician's signature	486 CO	herine Sul	Roma	
nd completed forms to: State I	Medical Board of	Ohio	<u> </u>	
30 E. Broad St			-	
Columbus, OH	48316.4133			



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	February	22 2019
Name of medical practice or facility a     Women's Med Dayton	Month  Month  t which RU-486 was provided:	Day Year
3. Address of medical practice or facility 1401 E Stroop Rd Dayton, Ohio 45429	at which RU-486 was provided	
4. Date post RU-486 complication began	: 2/27/19	
5. Event(s) (Please check all that apply):  Y Incomplete abortion	Adverse reaction to RU-485P.	atient hospitalized
Patient received a transfusion Severe b	leeding	
Other serious event (specify)		
Duration of event: Hours	Days	
7. Remarks; tissue rema	sed from 05.	
a. Name of physician who provided RU b. Physician's signature	-486 COHNEYING	Romanos
and completed forms to: State Legal Departs	Medical Board of Ohio	1/10/19
30 E. Broad S		MEDICAL BOARD
	H 43215-6127	APR 2.5. 2010



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	<u>Fehruar</u>		2019
<ol><li>Name of medical practice or facilit Women's Med Dayton</li></ol>		Day vided:	Year
<ol> <li>Address of medical practice or facili 1401 E Stroop Rd Dayton, Ohio 45429</li> </ol>	ty at which RU-486 was pro	ovided:	
1. Date post RU-486 complication beg	02/21/19		
incomplete abortion			
Patient received a transfusion Severe Other serious event (specify)	e bleeding		
Duration of event: 1 Hours	Days		
Remarks:  Uncomplicate	e dilahon: s	hetiq.	
a. Name of physician who provided R		\$ \( \psi_1 \)	nos, MD
nd completed forms to: Stat	Date — 2/9	1/19	
Legal Depar		MEDICAL	BOARD
	OH 43215-6127	MAR <b>n</b> 4	2010



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	January	25	2019
	Month	Day	
<ol> <li>Name of medical practice or facilit Women's Med Dayton</li> </ol>	y at which RU-486 was provided:		Year
3. Address of medical practice or faciling 1401 E Stroop Rd	ity at which RU-486 was provided	<u> </u>	
Dayton, Ohio 45429			
4. Date post RU-486 complication beg	an: 1/31/2019		
5. Event(s) (Please check all that apply			
Incomplete abortion	Adverse reaction to RU-485p	atient hospitalized	i
Patient received a transfusion Severe	e bleeding		
Other serious event (specify)	filld medication about	ha	- Andrews
Duration of event: Hours	s Days		
7. Remarks;			
uncempl	realed dilahen a	nd such	yev
a. Name of physician who provided F	RU-486 CA-HOEVINE I	2010001000	
b. Physician's signature	1 STRING	tomanos	
annonico pega	Date		A Comment
nd completed forms to: Sta	te Medical Board of Ohio		
Legal Depa		MEDIA	Al Done
	i St., 3 <sup>rd</sup> Floor	•	AL BOARD
Columbus,	OH 43215-6127	FER	1 9 2019



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

January	21	2019
which RU-486 was provided:	Day	Year
which RU-486 was provided		
2/14/19		
Iverse reaction to RU-486 Pa	itient hospitaliz	ed
ding		
Days		
dilaton and	Suchqu	
86 Catherine	Roman	Œ
	- (MD)	bo
Date 2/14/10	- (MD)	· · · · · · · · · · · · · · · · · · ·
Date 2/14/10/ edical Board of Ohio	MO)	bo
Date 2/14/10	MO)	
	Month  which RU-486 was provided:  which RU-486 was provided  2/4/19  verse reaction to RU-486	which RU-486 was provided:  which RU-486 was provided:  2/14/19  verse reaction to RU-486 Patient hospitalized ing  Days  dila han and Such as

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	January		2019
Name of medical practice or facility at     Women's Med Dayton	Month which RU-486 was provided	Day	Year
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was provide	đ;	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortion A	dverse reaction to RU-485	Patient hospitali	zeć
Patient received a transfusion Severe ble			
Other serious event (specify)	I mich cahin abah	<u>(1)</u>	
6. Duration of event: Hours	Days		
7. Remarks:  uncomplicated	Dilation and Sucho		
3. a. Name of physician who provided RU-4 3. b. Physician's signature	Date 1/16/10	Roman	05
end completed forms to: State M	Medical Board of Ohio		
Legal Departm			
30 E. Broad St	., 3 <sup>rd</sup> Floor		
Columbus, OH	43215-6127		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	vided:	<u>Januaru</u>	09	2010
		Month J	Day	Year
Women's Med Da	tice or facility at which RU Yton	J-486 was provided:		
	ctice or facility at which F	RU-486 was provided:		
Dayton, Ohio 4542				
4. Date post RU-486 comp	olication began:   22	19		
5. Event(s) (Please check a	ıll that apply):			
Incomplete abortion	Adverse reac	etion to RU-485 Par	ient hospitalized	
Patient received a transfusi	on Severe bleeding			
Other serious event (specify	·)			
				****
. Duration of event:	Hours	ays		
. Remarks:				
a Mana of the	provided RII-486	Vocava kada		
a. Warrie of physician who		NEW YILL		
a. Name of physician who b. Physician's signature		P. C.		
b. Physician's signature		P. Cus	MD/DO	
b. Physician's signature	Date	1/2	MD/00 20/19	
	Date State Medical Bo	ard of Ohio	20/19	
b. Physician's signature	Date	ard of Ohio	20/19	OARD



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-485

1. Date RU-486 was provided:	Janua Month	ary 6	2019
<ol> <li>Name of medical practice or facility Women's Med Dayton</li> </ol>		Day rovided:	Year
3. Address of medical practice or facility 1401 E Stroop Rd	ty at which RU-486 was i	provided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication bega	nn: 1/17/19		
5. Event(s) (Please check all that apply)			
Vincomplete abortion	_ Adverse reaction to RU-48	5 Patient hospitalized	
Patient received a transfusion Severe	bleeding		
Other serious event (specify)		Listen de la la	
5. Duration of event: Hours	Days		
7. Remarks;			
. a. Name of physician who provided R	U-486 ROSK	In kade N	
. b. Physician's signature	L. Ca	ST. KACK IN.	<u>U</u>
- Makapana	Date	<u>(MÓ)/0</u>	<u> </u>
end completed forms to: Stat	e Medical Board of Ohio		
Legal Depai			
30 E. Broad	St., 3 <sup>rd</sup> Floor		
Columbus,	OH 43215-6127	NAC.	DICAL BOAR

JAN 2 5 2019