

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provid	ed:	MAY	29	
				2018
2. Name of medical practic	A COLLINGBOS	th RU-486 was provi	ENTER	Year
3. Address of medical pract	ice or facility at wh	Ich PI LARG		OH 43213
Post No-466 compil	cation began:	6/7/18		
5. Event(s) (Please check all		se reaction to RU-486		
Patient received a transfusio Other serious event (specify)		3		•
6. Duration of event:	Hours	2 Days		
7. Remarks: NCOMPU	its Mydic	n ABORTION	1 TREAT	ED WI ASPIRATI
3. a. Name of physician who 3. b. Physician's signature	provided RU 486	KATHE	LINE R	IVUN
		ate	1018	×/20_
end completed forms to:	Legal Department			
	30 E. Broad St., 3 ^r Columbus, OH 43	^d Floor 215-6127		and the second
rescribed: 5//2011, Rev. 12/13/12				



(Required pursuant to R.C. 2919.123)

1 Date But 400			
1. Date RU-486 was provided:	3	16	2018
2 Name of wall i	Month .	Day	
2. Name of medical practice or facility at which East Columbus Health Ce	RU-486 was prov N +C F	ided:	Year
3. Address of medical practice or facility at which 3255 East Main Street	- Calas.	ovided:	48213
4. Date post RU-486 complication began: 3/2	3/2018		
5. Event(s) (Please check all that apply):	eaction to RU-486	Patient hospitali	zed
Other serious event (specify)			
6. Duration of event: Hours	_ Days		
7. Remarks: INCOMPLETE MEDICAL	ABORTION	O TREATE	D W/ASPIRATIO
8. a. Name of physician who provided RU-486 $^{ m B}$. b. Physician's signature $^{ m L}$	1sky	Michelle	
Date	11/2/18		100
end completed forms to: State Medica Legal Department	Board of Ohio		
30 E. Broad St., 3 rd F	loor ·		_
Columbus, OH 4321	5-6127	12	FOR MARK
rescribed: 5//2011, Rev. 12/13/12			JEC 9 1 MIL
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(Required pursuant to R.C. 2919.123)

1. Date RIL 406			_
1. Date RU-486 was provided:	May	18	2 10
2 Namo of	Month .		20/8
2. Name of medical practice or facility at which	ch RU-486 was provide Surgical (ed:	Year
3. Address of medical practice or facility at a l		<u> </u>	
3. Address of medical practice or facility at what A A Date post RII-486 complication is	Street Co	lembus, D	hio 42212
5	29-18		10.0
5. Event(s) (Please check all that apply):			
Incomplete abortionAdver	se reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleedin			
Other serious event (specify) Fai	led Medica	Abortion	
6. Duration of event: Hours /	Days		
7. Remarks: Failed Medical A	bostion, treat	ted w/ Aspi	ration
3. a. Name of physician who provided RU-486		•	•
B. b. Physician's signature		e Isley	
D	ate	(MD)\0.0	
end completed forms to: State Med	lical Board of Ohio		3
Legal Departmen		•	
30 E. Broad St., 3'	d Floor	, ~ a.	arim
Columbus, OH 43	215-6127	•	and the Miles
escribed: 5//2011, Rev. 12/13/12			50 8 1 20m



(Required pursuant to R.C. 2919.123)

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		21		2018
		Day		Year
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hich RU-486 w	as provide	d:		
street (Colum	bus, (JH L	13213
7/2/2/12/19	,			
11-12010				
rse reaction to RU	J-486	Patient hosi	oitalized	
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iled Me	dical	Abort	-ion	
l Days				
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dical Board of (Ohio			
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3215-6127			· f.,	MOA ROM
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	Month Ich RU-486 was AITH Cev hIch RU-486 w Treet 7/2/2018 rse reaction to RU Days Alth Days	ich RU-486 was provided Alth Genter hich RU-486 was provide Treet Colum 7/2/2018 rse reaction to RU-486 iled Medical Days Althory Althory	Ich RU-486 was provided: Alth Center Chich RU-486 was provided: CTreet Columbus, (17/2/2018 I Days Patient hosping I Days Michelletsler Columbus Abort I Days	ich RU-486 was provided: Alth Center hich RU-486 was provided: Treet Columbus, Off 4 1/2/2018 rese reaction to RU-486 Patient hospitalized alth Medical Abortion Days Micheletsley Date 11/2/10 dical Board of Ohio at ref Floor



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	June	29	2018
2. Name of medical practice or facility at which RI East Clumbus Hea	J-486 was prov	Day	Year
3. Address of medical practice or facility at which I 3255 East Main Sf	RU-486 was pro	vided:	
4. Date post RU-486 complication begans	/18	immus,	onio 48213
Patient received a transfusion Severe bleeding	ection to RU-486 Medical	Patient hospital	ized
6. Duration of events 7	Days		
i _k		·	
3. a. Name of physician who provided RU-486 3. b. Physician's signature	Mich.	ile Islen	/
end completed forms to: State Medical Legal Department	Board of Ohio		
30 E. Broad St., 3 rd Flo Columbus, OH 43215	or · ·6127		EDICAL DOAK
escribed: 5//2011, Rev. 12/13/12	~~ <i>~</i> /		20 3 20th



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	August	21	2
			2018
2. Name of medical practice or facility at which East Columbus He		Day d:	Year
3. Address of medical practice or facility at white			
3255 East Main St. (Columbus,)H 437	13
4. Date post RU-486 complication began			-1 - 0
	-14-18		
5. Event(s) (Please check all that apply):		,	
Accomplete abortion Adverse	reaction to RU-486	_ Patlent hospitaliz	
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
i de la companya de l		•	
3. a. Name of physician who provided RU-486	Michaella	Iz iz	
3. b. Physician's signature	Michale	ISLEY	
Dat	e 11/30/18	- (MD)	10.0
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Legal Department	al Board of Ohio		
30 E. Broad St., 3 rd	Floor	. ∵ ∾	Section 1
Columbus, OH 432	15-6127		TOUR BOAR
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	§T 15	2010
	and the second s	2018
2. Name of medical practice or facility at which RU-486 was prov FUST Columbus Heath Cent	lded:	Year
3. Address of medical practice or facility at the		
3. Address of medical practice or facility at which RU-486 was pro	ylded:	
3255 East Main Street		4
4. Date post RU-486 compliant		•
9/4/18		•
5. Event(s) (Please check all that apply):		
✓ Incomplete abortion — Adverse reaction to RU-486	Dattent have to	
	Patient hospitali	zed •
Patient received a transfusion Severe bleeding		
Other serious event (specify)	•	
6. Duration of event: Hours Pays		
7. Remarks:		
· · · · · · · · · · · · · · · · · · ·		
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3. a. Name of physician who provided RU-486	1	•
3. b. Phistological Wild provided RU-486	Marie Si	NAV
3. b. Physician's signature	† <i>[</i>	
Date	-18	/0.0
end completed to		
State Medical Board of Ohio Legal Department		
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30 E. Broad St., 3 rd Floor		Herial anagi
Columbus, OH 43215-6127	•	Significants
escribed: 5//2011, Rev. 12/13/12		1 A 1.75 M
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(Required pursuant to R.C. 2919.123)

1 Date PIL 49C		,	
1. Date RU-486 was provided:	Jûn	v	2018
2. Name of medical prosting 6 vi	Month	Day	Year
2. Name of medical practice or facility at which	d East Surge	ny Ceixler	
3. Address of medical prac 8255 Eachtaint St hic Columbus OH 43	th RU-486 was prov	/ lded: 3255 E. I	Main รัเ s OH 43213
4. Date post RU-486 complication began:	4		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse	reaction to RU-486	Patient hospitalized	I
Patient received a transfusionSevere bleeding			
Nother serious event (specify)faileo	luar		
6. Duration of event: Hours	Days		
7. Remarks:			
uncomplicated Di	ilation: su	uction	
3. a. Name of physician who provided RU-486	Catha	, b -	•
B. b. Physician's signature		he Roma,	-05
Dat		MA/	1
and complete to		$\Rightarrow \frac{2}{1}$	18
Legal Department	al Board of Ohio		
30 E. Broad St., 3 rd	Floor		
Columbus, OH 432		• • • • • • • • • • • • • • • • • • •	EDICAL BOARD
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rescribed: 5//2011, Rev. 12/13/12			FEB 1 2 2018



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:			
	Manut	30	(8)
2. Name of medical practice or facility at which R	Month	Day	Year
Planned Panenthand Ea	C+ Sur	gen	•
Address of medical practice or facility at which			
3255 E. Mai Columbus O	n St.	ovided:	
Date post RU-486 complication began: 2分	18		
5. Event(s) (Please check all that apply):			
Incomplete should	action to RU-486	Patient hospitali	zed
Patient received a transfusionSevere bleeding			•
Lother serious event (specify)	d MAB		
5. Duration of event: Hours	Days		
7. Remarks:			
1 of Comple	Fr wit	i chan	
a. Name of physician who provided RU-486	(7)	Thenne	Par
. b. Physician's signature			Romanes
Date		M.D.	100
and complete d.c.	Board of Ohio		
Legal Department	Positio of Onio		-
30 E. Broad St., 3 rd Flo	or.	\ \	IEDICAL BOARD
Columbus, OH 43215			NIC & con
escribed: 5//2011, Rev. 12/13/12			·



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:			
10 10 50 10 10 10 10 10 10 10 10 10 10 10 10 10	166	18	2018
2. Name of modical	Month .	Day	Year
2. Name of medical practice or facility at which	RU-486 was prov	lded:	1681
Planned Paventhood	EAST CUL		
3 Addross of	CASI (SUP)	gry	
3. Address of medical practice or facility at whice 3255 E. Main St.	h RU-486 was pro	vided:	
Columbus OH 43213			
anne banarana Mala masa a 1972 an 1972.			ŧ
4. Date post RU-486 complication began:			
2 2	28/18		
5. Event(s) (Please check all that apply):			
X	•		
Incomplete abortion Adverse	reaction to RU-486	Patient hospitalized	
		- Tuent Mospitalized	•
Patient received a transfusionSevere bleeding		Transmission of the Control of the C	
Other serious event (specify)		•	
6. Duration of events			
6. Duration of event: Hours	Days		
7. Remarks:			
Lucama al - 1.			
uncomplicated sur	chec	The second secon	
<u>.</u>			
3. a. Name of physician who provided RU-486	-		
2 h Philipping RU-486	Cathar	he Roman	05
3. b. Physician's signature			
Date		2/5/1	10
end completed s		, 32/18	
Wiedle	al Board of Ohio		
Legal Department			. managa
30 E. Broad St., 3 rd F	loor	MEDI	CAL BOARD
Columbus, OH 4321			
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provid	<u>U unuan</u>	29 2	0 18
2. Name of medical practic	e or facility at which RU-486 was prov aren thood East Sura	Day	/ear
3. Address of medical pract 3255 E. Main S Columbus OH	ice or facility at which RU-486 was pro	Vided:	
4. Date post RU-486 compli	cation began: 3 21 1 &		
5. Event(s) (Please check all			
incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusio	nSevere bleeding		
Other serious event (specify	failed MAB	·	
6. Duration of event:	Hours Days		
7. Remarks:			
unea	mplirated DE		
8. a. Name of physician who	provided RU-486 Cather		•
8. b. Physician's signature	CATRO		
	Date	3/29/15	
Send completed forms to:	State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	MEDICAL BOAR	.D
•	10213-012/		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

•				
Date RU-486 was provided:	Teb	21	2018	
	Month .	Day	Year	
Name of medical practice or facility at w Planned (Parent	hich RU-486 was prov Land Eart S	ided: Urgling		
Address of medical practice or facility at 3255 E. Columb	which RU-486 was pro Main St. us OH 43213	ovided:		•
Date post RU-486 complication began:	28 - 2nd de	ose miso	given,	
. Event(s) (Please check all that apply):		5 Patient hospi	3/8-5L	done
Incomplete abortion —	Adverse reaction to RU-48	5 Fadent nospi		
Patient received a transfusion Severe by Other serious event (specify) 6. Duration of event: Hours				
7. Remarks:				
, i.e.				
8. a. Name of physician who provided	RU-486	inaly		
8. b. Physician's signature	Date 3	7-8-8		
Send completed forms to:	State Medical Board of	Ohio		
Legal D	epartment		- etc	DICAL BC
30 E. Br	oad St., 3 rd Floor		ME	ν·

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

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1. Date RU-486 was provided:	
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Mara	6 22
2. Name of medical practice or facility at which RU-486 was pro	Day 2018
O calculation or facility at which BLL 400	Year
land by Cartago was pro	vided:
Tach Topped	ct i C
Planned Parenthood Co 3. Address of medical and	251 Surgery
of medical practice of facility at which put to	F-/-
3. Address of medical practice or facility at which RU-486 was pro-	ovided:
Columbus OH 43213	
	<u>.</u>
4. Date post RU-486 complication began:	
Production began;	
4/5/18	
5. Event(s) (Please check all that apply):	
Incomplete abortion	
Adverse reaction to RU-486	
	Patient hospitalized
Patient received a transfusion Severe bleeding	
severe bleeding	
	•
Other serious event (specify) failed abortion	
Transferrent (specify) + ailed abortion	•
5. Duration of event: Hours Days	
Hours	
Days	
. Remarks:	
reapplicated suchar	
COMPLICATED Six Six	
a. Name of the same	
a. Name of physician who provided RU-486	
b. Physician's signature	the Romanos
y-ionali s signature	The same of
	(MD)
Date 4/19/18	Committee Committee
Completed for-	
State Medical Board of Ohio	
Legal Department	
and a separtment	•
30 E. Broad St., 3 rd Floor	
Columbus ou	MEDICAL BOARD
Columbus, OH 43215-6127	
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	
H pri	1 2 2018
2. Name of the Month	Day
2. Name of medical practice or facility at which RU-486 was pr	Year Year
Planned Paventhend Cost C	ovided:
Planned Paventhed East Sur	gery
3. Address of medical practice or facility ataubic PULAGE	
3. Address of medical practice or facility. Walnes RU-486 was p	Provided:
4. Date post RU-486 complication began:	•
5. Event(s) (Please 1	
5. Event(s) (Please check all that apply):	
Incomplete abortion	
Adverse reaction to RU-486	Patient hospitalized
Patient received a transfer	
Patient received a transfusion Severe bleeding	
Other serious event (specify)	·
Duration of event: Hours Days	
Hours Days	
Remodel	
Uncomplicated DIE	
,	
	·
a. Name of physics	
a. Name of physician who provided RU 486 00 10	McClairey
b. Physician's signature	- buckury
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Date $U/3$	2/18
nd completed forms to: State Medical Board of Ohio	
Legal Department	
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30 E. Broad St., 3 rd Floor	MEDICAL BOARD
Columbus, OH 43215-6127	Ť
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		April	19	
	•	Month		7018
2. Name of medical practice or	facility at which R		Day	Year
Plunned Fai	sentland (o-486 was provid	ea:	
3. Address of medical practice of	r facility at which	RU-486 was prov	lded:	
3255 E. Main	St.			•*
Columbus Of				į
4. Date post RU-486 complication	on began:	•		
	4/24/18	,		
5. Event(s) (Please check all tha	t apply):			
Incomplete abortion		•	er T	
— ilauribiere appurioù	Adverse r	eaction to RU-486	Patient hospitali:	zed
Patient received a transfusion	Savoro bloodiu	•		
())) () () () () () () () ()	Tackete piecolug			·
Other sarlous avent in assist			•	
Other serious event (specify)	•			
	•			
6. Duration of event:	Hours	_ Days		
7. Remarks:				
	ed Atc	•		
un complicet			•	
8. a. Name of physician who pr	ovided RU-486	fall	enhe R	
8. b. Physician's signature	/		Prior P	olvanos
The state of state of the state			b MI	100
	Dat	e	1 5/3/8	
Send completed forms to:	State Medic	al Board of Ohlo		
\ \ L	egal Department	Onlo		
	0 E. Broad St., 3 rd	Floor		
C	olumbus, OH 432	riuor ·	A A C	EDICAL BOARD
•		.15-6127	.(V).	May 4 : 2018
Prescribed: 5/10/2011 Page 12/10/10				MV



(Required pursuant to R.C. 2919.123)

1 Poto DU 100			•
1. Date RU-486 was provided:	April	24	2018
	Month .	Day	
2. Name of medical practice or facility at which R Plan med Panent Lood	East	ed:	Year
3. Address of medical practice or facility at which	RIL-486 was and		
3255 E. Main St.		aed:	1
4. Date post RU-486 complication began:	3,2018		
5. Event(s) (Please check all that apply):			
Incomplete about on	eaction to RU-486	Patient hospitalized	
Patient received a transfusionSevere bleeding			•
Yother serious event (specify) failed	nab		
6. Duration of event: Hours	_ Days		
7 Pomentus		·	
Failed MAB			
y Uncomplicad	ked Dtc d	one.	
8. a. Name of physician who provided RU-486 A		l. •	•
8. b. Physician's signature) fury	rivlin	
1 Nysiciali S Signature	HVIN'	/ / M.D./I	0.0
Date	5	8/18	***************************************
Send completed forms to: State Medica	al Board of Ohio	•	
Legal Department	- Dura of Office		
30 E. Broad St., 3 rd F	loor		
Columbus, OH 4321		MEDIC	AL BOARD
		. MAY	1 1 2018
Prescribed: 5//2011, Rev. 12/13/12			



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

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919,123)

			•
Date RU-486 was provided:		9	(8)
	Month .	Day	Year
Name of medical practice or facility at which	ch RU-486 was provid	ed:	•
Planned fo	6 cm. 11 and C		
	irenthad Eg	ist	
. Address of medical practice or facility at wi 3255 E. Main & Columbus OH	2.	lded:	·
l. Date post RU-486 complication began:	5/7/18		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	erse reaction to RU-486	Patient hospitaliz	ed .
Patient received a transfusion Severe bleed	ling		
Yother serious event (specify) _ Faller	d MAG		And the second s
6. Duration of event: Hours	Days		
7. Remarks:			
•			
8. a. Name of physician who provided RU-	486	Milleile I	S.In
8. b. Physician's signature	mler		
	Date	14/18	2./0.0
Send completed forms to: State	Medical Board of Ohio		
Legal Departs			_
	it., 3 rd Floor		MEDICAL BOARD
			MEDICAL
·	H 43215-6127		



(Required pursuant to R.C. 2919,123)

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1. Date RU-486 was provided:	B 5	V 7 =	10.
	Month	Day	
2. Name of medical practice or facility at which	RU-486 was provide		Year
Planned Purentood E	a(t)	// //	ng pagaman ng pagaman Ng pagaman ng pagaman
	1		
3. Address of medical practice or facility at which 3255 E. Main St.	ch RU-486 was prov	lded:	
Columbus OH 43213		•	
			•
4. Date post RU-486 complication began:	14/18		
5. Event(s) (Please check all that apply):			
Incomplete abortion Advers	·		
Advers	e reaction to RU-486	Patient hospitalized	•
Patient received a transfusion Severe bleeding		,	•
Lother serious event (specify)	ed MAB		
6. Duration of event: Hours			
Hours	Days		
7. Remarks:			
i _k		m determinent	
0 a Name (·	,	•
8. a. Name of physician who provided RU-486	Mich	ell sey	
8. b. Physician's signature	des/	M.D./	
D	ate 6/14/18		
Condonate	dical Board of Ohio	-	
Legal Departmen			
30 E. Broad St., 3			~ .
Columbus, OH 43			MEDICAL BOAR
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