(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	10	30	2018	
	Month	Day	Year	
2. Name of medical practice or facility at which				
3. Address of medical practice or facility 1243 F. Broad H	at which RU-486 v	was provided:	Ohio 43205	
4. Date post RU-486 complication began	1:			
5. Event(s) (Please check all that apply):				
Incomplete abortionAdve	erse reaction to RU-486	Patient hospital	ized	
Patient received a transfusionSevere bleed	ling			
Other serious event (specify)	iled abou	rtion		
6. Duration of event: Hours _/S	≤ Days			
7. Remarks: D + 1		4.4	Mal Cartal au	
latient was	sent to	moderal	Med Ceuter on	
ulistix for a	surgical	a boutloy	u Dayton, Ohro	
8. a. Name of physician who provided R	1U-486 <u>Ka</u>	VI Scha	effer, mb	
8. b. Physician's signature	(a(),5)	mariani manasani ilanda da mariani	<u>и_</u> MD/D.O	
Send completed forms to:	State Medica	l Board of Ohio		
Leg	gal Department			

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 3 0 2018

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	MARCH	13	a018	
	Month	Day	Year	·
2. Name of medical practice or facility at which	RU-486 was provide	d:		
Founder's Women's Heavet	h Center	•		
3. Address of medical practice or facility a	t which RU-486 wa	as provided:		
1243 & Broad St, Colum				
4. Date post RU-486 complication began:				
March 30, 2018				
5. Event(s) (Please check all that apply):		•		
✓Incomplete abortionAdverse	reaction to RU-486	Patient hospitaliza	·	
Automplete aborton	: 1Eacudi to No-100	rauent nospitaliza	74	
Patient received a transfusion Severe bleeding				
Other serious event (specify)				
			·	
6. Duration of event: <u>2.5</u> Hours	Days			
7. Remarks:				
Incomplete medicition	aportion. le	iled by use	rasound	
Dond C performed, no	complication	e. Pt tel	reted well.	
8. a. Name of physician who provided RU-	486 <u>Kare</u>	Schaeffer,	MD	
8. b. Physician's signature		~ ~		
	1 Schu Date 3-30	-18		The second second
Send completed forms to:	Chaha Madisal D			

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

			a018	
Date RU-486 was provided:	MARCH	N3 Day	Year	
	Month	d·		
Name of medical practice or facility at	which RU-486 was pijoriae	.		
Founder's wimen's He	with Conter			
Founder's will				
		as provided:		
. Address of medical practice or fac	cility at willcir no 100 -			
1343 & Brood St, Co	lumbus OH 43;) u S		
. Date post RU-486 complication b	egan:			
March 30, 2018				
5. Event(s) (Please check all that ap	ply):			
	_Adverse reaction to RU-486	Patient hospitaliz	ed	
Incomplete abortion —	_Adverse reaction to no house			
Patient received a transfusionSeve	re bleeding			
Other serious event (specify)				
6. Duration of event: 2.5 Hour	s Days			
7. Remarks:			irrascund	
7. Remarks:	ection aboution.	Guld my	with well	
mac personne	d no complicat	wns. Pt T	LUMUUS	
Dwar darbas.				
8. a. Name of physician who pro	vided RU-486 Ka	re Schaeffe	MD	
8. a. Name of physician who pro	VIG. 1	. 00 W: -	M.D/D.O	
8. b. Physician's signature	la alou			
8. D. Physician 3 5 Brazes	Date <u>3</u>	-30-18		
t and forms to:	State Med	ical Board of Ohio		
Send completed forms to:	Jiaic mea	• • · · ·		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	9	20	2018
	Month	Day	Year
2. Name of medical practice or fac	ility at which RU-486 was p	rovided:	
The Founder	r's Women's	Health Ce	uter .
3. Address of medical practice			
1243 E. Brua	d Street	Colombus, Ol	40 43205
4. Date post RU-486 complicat	ion began:		
10-4-18			
5. Event(s) (Please check all the	at apply):	com a Statement of the Comment of th	A CONTRACT OF THE CONTRACT OF
		OC Davie - the	
Incomplete abortion	Adverse reaction to RU-4	86Patient hospitalized	
Onblant resolved a transferior	Severe bleeding		
Patient received a transfusion	Severe dieeding		
Other serious event (specify)	Failed Ab	ortion, fetal	1 Lauren
Other Serious event (Speciny)			T USWITE
6. Duration of event: H	ours 13 Days		
7 B			
7. Remarks: Portcent h	nd failed at	portion and	was sent to
The Women's	Wed Coster	a Desitor 1	Diso for.
THE WOMENS	controu ou	unlazi e	
8. a. Name of physician who p	rovided PULARS	Jan T. Sch	astor, wi
o. a. waine of physician who p		<u></u>	
8. b. Physician's signature	- Karl & J	chaeffer	_M)D/D.O
	Date(_(-14-18	
Send completed forms to:	State Med	ical Board of Ohio	
	Legal Department		MEDICAL BOARD
	30 E. Broad St., 3rd	Floor	Committee of the commit

Columbus, OH 43215-6127

NUV 1 9 20th

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	29 Month	ي Day	'2018'
2. Name of medical practice or face The Founda	ility at which RU-486 was provided: Women (HA)	TH (ec	र्त्हा
(2 4 3 E B: 4. Date post RU-486 complicat 5. Event(s) (Please check all the	ion began: /O - P - / K at apply):		OG10 43205
Other serious event (specify) 6. Duration of event: Ho	Failed Abortion	9A	
Dayton	cassent to Wo Ohio on 10/24/18 ovided RU-486 Karl I Karl J. Scharf Date 11-14-	for sin	effer, und
Send completed forms to:	State Medical Board Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127		MEDICAL BOARD