# 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-486

1. Date RU-486 was provided: 12 (Month) 27 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
1/12/19

5. Event(s) (Please check all that apply):

___ Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

X Other serious event (specify) Failed med Ab

6. Duration of event: 2 for treatment Hours _____ Days

7. Remarks:
Completed surgically

8. a. Name of physician who provided RU-486 [signature] MD/DO

8. b. Physician's signature [signature]

Date 1/16/19

Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
JAN 28 2019

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-486

1. Date RU-486 was provided: 10 (Month) 31 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:

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) Failed med Ab

6. Duration of event: _____ Hours 2 Days for tx.

7. Remarks:
Completed surgically

8. a. Name of physician who provided RU-486 Dr. Lins

8. b. Physician's signature _____ MD/DO

Date 2/14/11

Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

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-486

1. Date RU-486 was provided: 9 (Month) 26 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
10/10/18

5. Event(s) (Please check all that apply):

X Incomplete abortion (failed) ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: 1 Hours _____ Days

7. Remarks: Abortion completed surgically.

8. a. Name of physician who provided RU-486 S. Cinar

8. b. Physician's signature _____ MD/DO

Date 10/16/18

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Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
OCT 29 2018

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-486

1. Date RU-486 was provided: 9 (Month) 22 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided: 2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began: 9/14/18

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) Failed medication abortion

6. Duration of event: 2 Hours _____ Days

7. Remarks: completed surgically w/o incident.

8. a. Name of physician who provided RU-486 Tin Lin

8. b. Physician's signature _____ MD/DO

Date 9/18/18

Send completed forms to: State Medical Board of Ohio
Legal Department
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Columbus, OH 43215-6127

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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-486

1. Date RU-486 was provided: 8 (Month) 16 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
9/5/18

5. Event(s) (Please check all that apply):

___ Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ✓ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: _____ Hours _____ Days N/A

7. Remarks:
Significant decrease in Hb through process, pt. stable & no treatment needed.

8. a. Name of physician who provided RU-486 Dr. Givi

8. b. Physician's signature _____ MD/DO

Date 9/25/18

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30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

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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-486

1. Date RU-486 was provided: 8 (Month) 15 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
8/17/18

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) _____

6. Duration of event: 3 Hours _____ Days

7. Remarks:

8. a. Name of physician who provided RU-486 [signature]

8. b. Physician's signature [signature] MD/DO

Date 8/28/18

Send completed forms to: State Medical Board of Ohio
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MEDICAL BOARD
AUG 31 2018

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-486

1. Date RU-486 was provided: 7 (Month) 12 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood South West Ohio

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cincinnati, OH 45219

4. Date post RU-486 complication began:
7/16/18

5. Event(s) (Please check all that apply):

X Incomplete abortion ___ Adverse reaction to RU-486 X Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: _____ Hours 1 Days

7. Remarks:

8. a. Name of physician who provided RU-486 D. Lin

8. b. Physician's signature _____ M.D. / D.O.

Date 7/27/18

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Columbus, OH 43215-6127

MEDICAL BOARD
JUL 31 2018

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-486

1. Date RU-486 was provided: 7 (Month) 11 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
7/18/18

5. Event(s) (Please check all that apply):

___ Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion ___ Severe bleeding

X Other serious event (specify) ongoing pregnancy

6. Duration of event: 2 Hours _____ Days

7. Remarks:
surgical abortion done

8. a. Name of physician who provided RU-486 Dr [redacted] Linn

8. b. Physician's signature _____ M.D./D.O.

Date 7/18/18

Send completed forms to: State Medical Board of Ohio
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Columbus, OH 43215-6127

MEDICAL BOARD
[illegible] 2018

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-486

1. Date RU-486 was provided: 4 (Month) 11 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
4/25/18

5. Event(s) (Please check all that apply):

___ Incomplete abortion ___ Adverse reaction to RU-486 ___ Patient hospitalized

___ Patient received a transfusion Y Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: _____ Hours ___1___ Days

7. Remarks:
pt. stable, started on iron

8. a. Name of physician who provided RU-486 Dr. Lial

8. b. Physician's signature _____ MD / DO

Date 5/4/18

Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
MAY 21 2018

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-486

1. Date RU-486 was provided: 4 (Month) 5 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
4/14/18

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) _____

6. Duration of event: 4 +hl Hours _____ Days

7. Remarks:
trial of medicine but needed D&C which was done with success.

8. a. Name of physician who provided RU-486 _____

8. b. Physician's signature _____ M.D./D.O

Date 5/16/18

Send completed forms to: State Medical Board of Ohio
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MEDICAL BOARD
MAY 21 2018

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-486

1. Date RU-486 was provided: 3 (Month) 22 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication 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
___ Other serious event (specify) _____

6. Duration of event: 2 Hours _____ Days

7. Remarks:
Completed Surgically

8. a. Name of physician who provided RU-486 B. Lin

8. b. Physician's signature _____ MD / DO

Date 4/17/18

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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-486

1. Date RU-486 was provided: 1 (Month) 3 (Day) 18 (Year)

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood

3. Address of medical practice or facility at which RU-486 was provided:
2314 Auburn Ave. Cinci, OH 45219

4. Date post RU-486 complication began:
1/23/18

5. Event(s) (Please check all that apply):

✓ Incomplete abortion possible — ___ Adverse reaction to RU-486 — ___ Patient hospitalized

___ Patient received a transfusion — ___ Severe bleeding

___ Other serious event (specify) _____

6. Duration of event: _____ Hours 7 Days

7. Remarks:
Resolved w/ medication

8. a. Name of physician who provided RU-486 Dr. Lin

8. b. Physician's signature _____ M.D./D.O.

Date 2/2/18

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30 E. Broad St., 3rd Floor
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MEDICAL BOARD
FEB 26 2018

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