



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 / 8 / 18
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd. Bedford Heights, Ohio 44146

4. Date post RU-486 complication began:
1/25/18

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: 1 Hours _____ Days

7. Remarks: Med. ab procedure was initiated per FDA regimen on 1/8/18. Follow up ultrasound on 1/25/18 showed a continuing pregnancy. Surgical procedure was done on 1/30/18; pt. did well post-op.

8. a. Name of physician who provided RU-486: Timothy Kress, MD

8. b. Physician's signature: *Timothy Kress* M.D./D.O.

Date: 2/7/18

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

MEDICAL BOARD



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 / 8 / 18
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd. Bedford Heights, Ohio 44146

4. Date post RU-486 complication began: 1/25/18

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: 1 Hours Days

7. Remarks: Med ab procedure initiated per FDA regimen on 1/8/18. Follow up ultra sound on 1/25/18 showed "uterine debris". Surgical aspiration was done on 1/29/18; pt did well post-op.

8. a. Name of physician who provided RU-486: Timothy Kress, MD

8. b. Physician's signature: Timothy Kress MD/DO

Date: 2/7/18

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



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 / 29 / 18
Month Day Year

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

3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Rd. Bedford Heights, Ohio 44146

4. Date post RU-486 complication began: 2/1/18

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: 1 Hours Days

7. Remarks: Med ab procedure initiated per FDA regimen on 1/29/18. Pt. 40 no results from medication - was given 2nd dose of misoprostol on 2/1/18. Plu ultrasound on 2/6/18 showed failed procedure. Surgical aspiration was done on 2/6/18; pt did well post op.

8. a. Name of physician who provided RU-486: Timothy Kress, MD

8. b. Physician's signature: Timothy S. Kress MD/DO

Date: 3/16/18

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

MEDICAL BOARD