(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was prov     | vided:<br>                             | 01             | 26                  | 2018         |
|-----------------------------|--|----------------|---------------------|--------------|
|                             |  | Month          | Day                 | Year         |
| 2. Name of medical prace    | tice or facility at which RU-          | 486 was provid | led:                |              |
|                             | ctice or facility at which RU          |                |                     | 1,44.5       |
| 4. Date post RU-486 comp    | aker Blvd.                             | Clevel         | and, OH             | 44120        |
| , o dec post no 480 com     | oncation began.                        |                |                     |              |
| 5. Event(s) (Please check a | all that apply):                       |                |                     |              |
| Incomplete abortion         | Adverse react                          | ion to RU-486  | Patient hospitalize | ed           |
| Patient received a transfus | ionSevere bleeding                     |                |                     |              |
|                             |  |                |                     | •            |
| Other serious event (specif | y)                                     | •              |                     |              |
|                             |  |                |                     |              |
| 6. Duration of event:       | <b>)</b><br>Hours D                    | ays            | 1                   |              |
| 7. Remarks:                 |  |                |                     |              |
|                             |  |                |                     |              |
|                             | $\bigcap$                              |                |                     |              |
| 3. a. Name of physician wh  | o provided RU-486                      | Mitch          | Reider.             | MD           |
| 3. b. Physician's signature |  | <u> </u>       | 1/1C MD/            | 0.0          |
|                             | Date —                                 |                | 1118                |              |
| end completed forms to:     | State Medical Bo                       | ard of Ohio    |                     |              |
|                             | Legal Department                       |                | 9. 200-0-           | IOAT MAARA   |
|                             | 30 E. Broad St., 3 <sup>rd</sup> Floor |                | MED                 | ICAL BOARD   |
|                             | Columbus, OH 43215-61                  | .27            | c                   | ES \$ \$ 75% |

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was prov     | vided:                                 | 61           | 0.5                | 2018    |
|-----------------------------|--|--------------|--------------------|---------|
|                             |  | Month        | Day                | Year    |
| Preterm                     | tice or facility at which RU-4         | 486 was prov | ided:              |         |
| 3. Address of medical pra   | ctice or facility at which RU          | -486 was pro | vided:             |         |
|                             |  |              |                    |         |
|                             | er Blud. Cle                           | 16 1000      | 10H 441            | 20      |
| 4. Date post RU-486 com     | olication began:                       |              |                    |         |
| 5. Event(s) (Please check a | all that apply):                       |              |                    |         |
| Incomplete abortion         | Adverse reacti                         | on to RU-486 | Patient hospitaliz | ed .    |
| Patient received a transfus | ionSevere bleeding                     |              |                    |         |
| <b>0</b> 11                 |  |              |                    | •       |
| Other serious event (specif | y)                                     |              |                    |         |
| 6. Duration of event:       | 3                                      | ys           |                    |         |
| 7. Remarks:                 |  |              |                    |         |
|                             |  |              |                    |         |
|                             |  |              |                    |         |
|                             | $ A_{t}$                               |              |                    |         |
| 3. a. Name of physician wh  | o provided RU 486 _                    | Mita         | n Reider, v        | n D     |
| 3. b. Physician's signature | W                                      |              |                    | `D.O.   |
|                             | Date                                   | 2_           | .9.18              |         |
| end completed forms to:     | State Medical Boa                      | ard of Ohio  |                    |         |
|                             | Legal Department .                     |              |                    |         |
|                             | 30 E. Broad St., 3 <sup>rd</sup> Floor |              | MEDICA             | L BOARD |
|                             | Columbus, OH 43215-61                  | 27           | CEQ 1              | 5 2018  |

(Required pursuant to P.C. 2915.123)

| 1. Date RU-486 was provis      | ded:   | 05                | 0\$                  | 2018   |
|--------------------------------|--|-------------------|----------------------|--|
|                                |  | Month             | Day                  | Year   |
| 2. Name of medical practi      | ce or facility at which I  | RU-486 was provi  | ded:                 | -  |
| Preterm                        |  |                   |                      |  |
| 3. Address of medical prac     | tice or facility at which  | RI I-486 Was pro  | vidod:               |  |
|                                |  |                   |                      |  |
| 12000 Sha                      | Ker Blud.  | Clevela           | HO, OH               | 44180  |
| 4. Date post RU-486 compl      |  |                   |                      |  |
| 5. Event(s) (Please check al   | l that apply):   |                   |                      |  |
| ✓ Incomplete abortion          | Adverse :  | eaction to RU-486 | Patient hospitalized | 1  |
| Patient received a transfusion | onSevere bleeding  |                   |                      | •  |
| Other serious event (specify   |  | ·                 |                      | The control of the co |
| 6. Duration of event:          | Hours  | _ Days            |                      |  |
| 7. Remarks:                    | Andrew Comment of the |                   |                      |  |
|                                |  |                   |                      |  |
|                                |  |                   |                      |  |
|                                | - AA   | 1 00'1 1          |                      |  |
| 8. a. Name of physician who    | provided 87-486  | <u>mitcl</u>      | n Reider,            | MP   |
| 8. b. Physician's signature    | Pate   | -                 | 6/23/18              | 2.0  |
| Send completed forms to:       | State Medica   | Board of Ohio     |                      | Metabolishin saraan ay ay kaanna ga qaaraa aa qaaraa baraa aa qaaraa   |
|                                | Lega! Department   |                   |                      |  |
|                                | 30 E. Broad St., 3 <sup>rc</sup> Fi  | oor               | MEDICAL              | BOARD  |
|                                | Columbus, OH 4321  | 5-6127            | TATTING (F           | e man han ni man min   |

(Required pursuant to P.C. 2915.123)

| 1. Date RU-486 was p         | rovided:  | 04                         | 20                  | 2018 |
|------------------------------|---|----------------------------|---------------------|------|
| 2. Name of medical pr        | actice or facility at which F   | Month<br>RU-486 was provid | Day<br>jed:         | Year |
| TICTEIT                      |   |                            |                     |      |
| 3. Address of medical p      | ractice or facility at which  | RU-486 was provi           | ided:               |      |
| 12000 Sha                    | a Ker Blvd (  | level ( - 1)               | All ///             |      |
| . Date post RU-486 cor       | mplication began:   | STEGETANO                  | , OH 74.            | 120  |
| . Event(s) (Please checl     | call that apply):   |                            |                     |      |
| Incomplete abortion          | Adverse rea   | action to RU-486           | Patient hospitalize | d    |
| _ Patient received a transfu | sion Severe bleeding  |                            |                     | •    |
|                              |   |                            |                     |      |
| _ Other serious event (spec  | ify)  |                            |                     |      |
|                              |   |                            |                     |      |
| Duration of event:           | 3 Hours [   | Days                       |                     |      |
| Remarks:                     |   |                            |                     |      |
|                              |   |                            |                     |      |
|                              |   |                            |                     |      |
|                              | -   |                            |                     |      |
| . Name of physician wh       | o provided RW486  | Mitch R                    | eider, MD           |      |
| . Physician's signature      | 111/  |                            | 1                   |      |
|                              | Date —  | 7/25/                      | 18 MD/D             | 0    |
| completed forms to:          | State Medica! Bo  | - H                        |                     |      |
|                              | and the colour Be   | are of Oulo                |                     |      |
|                              | Legal Department  |                            |                     |      |
|                              | Lega! Department  30 E. Broad St., 3 <sup>rc</sup> Floor                            |                            | h hapenspeak t      | ΜAi  |
|                              | Legal Department<br>30 E. Broad St., 3 <sup>re</sup> Floor<br>Columbus, OH 43215-61 |                            | MEDI                | CAL  |

Required pursuant to R.O. 2919,129

| 1. Date RU-486 was pro        | ovidea:                          | 06                     | 13                   | 2018   |
|-------------------------------|----------------------------------|------------------------|----------------------|--------|
| 2. Name of medical pra        | ctice or for illevier wi         | Morter<br>Markette     | <b>5</b> 8.          | `ear   |
| Preterm                       | Cleveland                        | i an fiu-485 was provi | Dea:                 |        |
| 3. Address of medical pr      |                                  | /hi-n pt _/oc          |                      |        |
|                               |                                  |                        |                      |        |
| 12000 Shal                    |                                  | Cleveland              | ,04 441              | 20     |
| 4. Date post RU-486 com       | plication began:                 |                        |                      |        |
| 5. Event(s) (Please check     | all that appivi:                 |                        |                      |        |
|                               |                                  |                        |                      |        |
| ncomplete aportion            | 4dve                             | rse reaction to Ru-486 | Fatient noscita ited |        |
| Patient received a transfu    | sion Severe dieedir              | ng .                   |                      |        |
|                               |                                  |                        |                      |        |
| Other serious event ispeci    | fy)                              | •                      |                      |        |
|                               | 7                                |                        |                      |        |
| i. Duration of event:         | <u> </u>                         | Days                   |                      |        |
| . Remarks:                    |                                  |                        |                      |        |
|                               |                                  |                        |                      |        |
|                               |                                  |                        |                      |        |
|                               |                                  | <u> </u>               |                      |        |
| a. Name of physician wh       | ic provided RU-486               | Mitch F                | Reider, MD           |        |
| b. Physician's signature      |                                  | 10                     | 1/2/-                |        |
|                               |                                  | T.e                    | 1125/18              |        |
| nd completed forms to:        | State Med                        | ical Board of Ohio     |                      |        |
|                               | Legal Department                 |                        |                      |        |
|                               | 30 E. Broad St., 3 <sup>rd</sup> | =:00"                  |                      |        |
|                               | Columbus, OH 45                  | 215-6127               | MEDICA               | Locker |
|                               |                                  |                        | jU. S                |        |
| orided Sill Iook set in rein- |                                  |                        |                      |        |

(Repuired pursuant to R.C 2915-123)

| 1. Date RU-486 was pro                 | vrđed:                                 | 8                   | 15                 | 2018  |
|--|--|---------------------|--------------------|---|
|  |  | Month               | Da <sub>k</sub>    | *Ear  |
| 2. Name of medical prac                | trice or facility at which             | RU-485 was provi    | J€ <b>5</b> :      |   |
| Preterm                                |  | Table 1             |                    |   |
| 3. Address of medical pra              | actice or facility at whi-             | - File Act          |                    |   |
|  |  |                     |                    |   |
| 12000 Sha                              | Ker Blud.                              | Clevelan            | 0,011+             | 14120   |
| 4. Date post RU-486 com<br>9 / S   L   | plication hosen.                       |                     |                    |   |
| 5. Event(s) (Please check              | all that apply):                       |                     |                    |   |
| Incomplete abortion                    | Adverse                                | ್ಕಿಕವಾರಿಗ ಕು RU-486 | Patient nospitali; | ed  |
| Patient received a transfus            | sion Severe bleeding                   |                     |                    |   |
| Other serious event (specif            | fv)                                    |                     |                    |   |
| 6. Duration of event:                  | 3Hours                                 | _ Days              |                    |   |
| 7. Remarks:                            |  |                     |                    |   |
|  |  |                     |                    |   |
|  |  |                     |                    |   |
|  |  |                     |                    |   |
| La. Name of physician wh               | o provided RU-4A6                      | mitch               | Reider             | MD  |
| . b. Physician's signature             | —————————————————————————————————————— |                     | (MD)               | <u>'n n</u>   |
|  | Date                                   | 9/12                | 2/18               |   |
| end completed forms to:                | State Medica                           | Board of Ohio       |                    | Vanna engage (in the control of the |
|  | Legal Department                       |                     |                    |   |
|  | 30 E. Broad St., 3'c Fi                | por                 |                    |   |
|  | Calumbus, OH 4321                      | 5-6127 <b>MEDIC</b> | AL BOARD           |   |
|  |  | ÇED                 | 1 7 2018           |   |
| ###################################### |  | JEF                 | x * 6.010          |   |

Repuired pulisuant to R.C. 2919, 128,

| 1. Date RU-486 was pro           | vided:                                 | 8            | 18                | 2018                        |
|----------------------------------|--|--------------|-------------------|-----------------------------|
|                                  |  | Wanth        | Day               | rear                        |
| 2. Name of medical prass Preferm | tice or facility at which RU-          | 485 was p    | rovided:          |                             |
| 3. Address of medical pra        | actice or facility at which RU         | -486 was     | orovided:         |                             |
| 13000                            | Shaker Bl                              | WJ.          | Clevelan          | D 0H 44120                  |
| 4. Date post RU-486 com          | plication began:                       |              |                   |                             |
| 5. Event(s) (Please check        | all that apply);                       |              |                   |                             |
| Vincomplete abortion             | Adverse react                          | ion to RU-48 | É Patient hospita | ited                        |
| Patient received a transfus      | ion Severe bleeding                    |              |                   |                             |
| Other serious event (specif      | y)                                     |              |                   | ·                           |
| 6. Duration of event:            | 2                                      | зys          |                   |                             |
| 7. Remarks:                      |  |              |                   |                             |
|                                  |  |              |                   | i dell'enno coloidage       |
|                                  |  |              |                   | And the common and a second |
| 3. a. Name of physician wh       | o provided RU-48                       | Mit          | ch Reider         |                             |
| 3. b. Physician's signature      | 1116                                   | >            |                   | (                           |
|                                  | Date —                                 | 91           | 12/18             | J D Q                       |
| end completed forms to:          | State Medical Boa                      | ard of Ohic  |                   |                             |
|                                  | Legal Department                       |              |                   |                             |
|                                  | 30 E. Broad St., 3 <sup>rd</sup> Floor |              |                   | n                           |
|                                  | Columbus, DH 43215-61;                 | 27 <b>M</b>  | EDICAL BOAR       | ט                           |
| aspringer & there is an account  |  |              | SEP 1 7 2018      |                             |

Reduired bursuant to FLO 1919,112

| 1. Date Ru-486 was pro         | v ded:                             | 8                    | 15                 | 2018       |
|--------------------------------|------------------------------------|----------------------|--------------------|------------|
| 7 Sismont and the              |                                    | No-t-                | Ça.                | `Ea*       |
| 2. Name of medical prac        | stice or facility at which         | h PU-485 was prov    | icec:              |            |
| Preterm                        |                                    |                      |                    |            |
| 3. Address of medical pra      | ectice or facility at whi          | of RU-486 was pro    | 가격드러               |            |
|                                |                                    |                      |                    |            |
| 12000 Shake                    | r Blvo. (                          | leveland,            | of 4416            | 20         |
| 4. Date post RU-486 com        | plication began:                   |                      |                    |            |
|                                | _!! _!:                            |                      |                    |            |
| 5. Event(s) (Please check      | en rust sbb.h);                    |                      |                    | *          |
| ncomplete aportion             | Adverse                            | Feaction to RU-485   | Parient noscita is | es         |
| 5-m                            |                                    |                      |                    | •          |
| Patient received a transfus    | for Severe bleeding                |                      |                    |            |
| Orina and a                    |                                    |                      |                    | •          |
| Other serious event (specif    | YI                                 | •                    |                    |            |
| _                              |                                    |                      |                    |            |
| 5. Duration of event:          | Hours                              | Days                 |                    |            |
| 7. Remarks:                    |                                    |                      |                    |            |
|                                |                                    |                      |                    |            |
|                                |                                    |                      | •                  |            |
|                                |                                    |                      |                    |            |
| a. Name of physician wh        | c provided M 236                   | mitch                | Reider             | MP         |
| b. Physician's signature       |                                    |                      |                    | 2.0        |
|                                | Date                               | 9.21.1               | 8                  |            |
| nd completed forms to:         | State Medica                       | Board of Ohio        |                    |            |
|                                | Legal Department                   | . 505 0 5. 55        |                    |            |
|                                | 30 E. Broad St., 3 <sup>rd</sup> = | ipor                 |                    | ي م        |
|                                | Columbus, OH 4521                  |                      | MEDI               | CALBOARS   |
|                                |                                    | *** <del>***</del> * | Ç.                 | EP 25 2013 |
| onded: 5 A. 2001 Rev. 21 10 20 |                                    |                      | ι,                 | Sert *     |

Reducted bursulant to R.C. QSIS 125

| 1. Date RU-486 was provided:                               | November 10                                    | 2018   |
|--|--|--|
| 2. Name of medical practice or facility                    | VBI Which RE-285 was provided to               | *************************************  |
| Preterm  | and the same same was thinkabed;               |  |
|  |  |  |
| 3. Address of medical practice or facili                   |  |  |
| 12000 Shakes &   | Blvd. Cleveland on                             | ra in de la companya de la companya<br>La companya de la co |
| 4. Date post RU-486 complication bega                      | in:  | 44120  |
|  |  |  |
| <ol> <li>Event(s) (Please check all that apply)</li> </ol> |  |  |
| Xincomplete apomon   |  |  |
|  | Adverse reaction to RU-436 Patient hospitalize | <b>\$</b>  |
| Patient received a transitusion Severe                     | Diseding                                       |  |
|  |  |  |
| Other serious event (specify)                              |  |  |
|  |  |  |
| . Duration of event: 6 Hours                               | Davs   |  |
| . Remarks:   |  |  |
| nemerks;   |  |  |
|  |  |  |
|  |  |  |
| a. Name of physician who provides                          | 186 Mitchell Rein                              |  |
| b. Physician's signature                                   |  |  |
| V  | 1/22/2016                                      | 0  |
| nd completed forms to: State                               | Date   |  |
|  | Medical Board of Ohio                          |  |
| Legai Depart   |  |  |
| 30 E. Braad S  |  |  |
|  | H 43215-6127                                   |  |