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: MAY (Month) 29 (Day) 2018 (Year)

2. Name of medical practice or facility at which RU-486 was provided: EAST COLUMBUS HEALTH CENTER

3. Address of medical practice or facility at which RU-486 was provided: 3255 EAST MAIN STREET COLUMBUS, OH 43213

4. Date post RU-486 complication began: 6/7/18

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 9 Days

7. Remarks: INCOMPLETE MEDICAL ABORTION, TREATED W/ ASPIRATION

8. a. Name of physician who provided RU-486: KATHERINE RIVLIN

8. b. Physician's signature [signature] 11/1/19 M.D./D.O

Date 11/20/18

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

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: April (Month) 24 (Day) 2018 (Year)

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

3. Address of medical practice or facility at which RU-486 was provided:
   3255 E. Main St.
   Columbus OH 43213

4. Date post RU-486 complication began: May 3, 2018

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 MAB

6. Duration of event: ______ Hours ______ Days

7. Remarks: Failed MAB, uncomplicated D&C done

8. a. Name of physician who provided RU-486 Katy Rivlin

8. b. Physician's signature [signature] M.D./D.O

Date 5/8/18

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MEDICAL BOARD
MAY 11 2018

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