

## 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	29	2018
2. Name of medical practice or facility at wh	Month	Day	Year
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EAST COUMBUS	TISALTH (	PENTER	
3. Address of medical practice or facility at w			
3255 EAST MAIN	STRECT A		
3255 EAST MAIN  4. Date post RU-486 complication by		rlimbus,	OH 43213
T TO TO THE TOTAL TO THE TAIL TO THE THE TAIL TO THE T	617118		
5. Event(s) (Please check all that apply):			
Incomplete abortionAdver	se reaction to RU-486		
		Patient hospitali	zed
Patient received a transfusion Severe bleedin	g		•
Other serious			
Other serious event (specify)		,	
5. Duration of			Manufacture of the Control of the Co
6. Duration of event: Hours	1_Days		
7. Remarks:			
NCOMPLETS MEDIC	n ABORTION	TREATE	D WI ASPIRATION
f <sub>b</sub>			- 41.050 (
a Name of the			
. a. Name of physician who provided RU 486	//KATHE	LINIG DI	VUN
. b. Physician's signature	WIN		
.   7	ate \\   \	0118 MX	100_
and completed to	A Control of the Cont		Samuely services of the servic
Legal Department	ical Board of Ohio	-	
30 E. Broad St., 3"	d Class	•	
Columbus, OH 43	715-612-	,	a ship of
	-13-012/	•	· <u>L</u> atiq "
scribed: 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:	24 2018
Month	
2. Name of medical practice or facility at which RU-486 was provi	Day Year
Planned panent Loud East	
CA ROOK tast	
3. Address of medical practice or facility at which RU-486 was prov	vided:
3255 E. Main St.	
Columbus OH 43213	ı
4. Date post RU-486 complication began:	
May 3, 2018	
5. Event(s) (Please check all that apply):	3
that apply);	
incomplete abortion	
Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusionSevere bleeding	•
	•
Yother serious event (specify) failed in the	
other serious event (specify) - Tarced in the	
6. Duration of event: Hours Days	
7. Remarks:	
Failed MAB, uncomplicated Duc a	
1. Uncomplicated DAC	1
	Tone
8, a. Name of physicians	
Shahara Who provided RU-486	Kivlin
8. b. Physician's signature	
	Va /12 M.D./D.O.
Send completed forms to: State Medical Found to	18/18
State Medical Board of Ohio	
Legal Department	
30 E. Broad St., 3 <sup>rd</sup> Floor	
Columbia Or access	MEDICAL BOARD
Columbus, OH 43215-6127	
	MAY 1 1 2018 ·

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