

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:		Jai	4		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	•
		Month		-v		2018
2. Name of medical practice or fa	cility at which	RIJ-486 W	מכ מצמעול	ed:	Her	Year
3. Address of medical prac 3255	Facilitain CA		- 0	/		
Colum	bus OH 432	n RU-486 v 213	vas provi	~~,	55 E. Maii umbus O	า ระ H 43213
4. Date post RU-486 complication	began: 1 2	6	• 4 * 1 * 1 * 1			
5. Event(s) (Please check all that a	pply):				\	
Incomplete abortion	Adverse	reaction to s	11.400			
Patient received a transfusion		, caction to r	VU-486	Patient hos	pitalized	
Sther serious event (specify)	failed	luri	3			
6. Duration of event: 2	Hours	Days				
7. Remarks:				•		
uncomplica	led Di	lation	·: Su	ution		
8. a. Name of physician who provide	ded RILAGE	(a	ता ।	· b		•
8. b. Physician's signature	() () () () () () () () () ()		1	Se PO	mano	5
	Date	e			2/7/10	
Send completed forms to:	State Medic	al Board o	f Ohio		1 18	
Legal	Department		. 01110			
	Broad St., 3 rd F	Floor				
	nbus, OH 432:				MED	ICAL BOARD

FEB 1 2 2018



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Januar	2	
	Month 1	The second second	2018
2. Name of medical practice or facility at which Runned Purch the od	<i>U</i>	Day led:	Year
3. Address of medical practice or facility at whic 3255 E. Main St. Columbus OH 43213	h RU-486 was prov	lded:	
4. Date post RU-486 complication began:	12118		
5. Event(s) (Please check all that apply):	12 110		
Incomplete abortles	reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding			
Nother serious event (specify) failed	MAG		
5. Duration of event: Hours	Days		
7. Remarks:			
unecomplicated	D-E		
	PC.		
3. a. Name of physician who provided RU-486	<u> </u>		
3. b. Physician's signature	(athen	a Roman	65
- Signature		\sim	10
Dat	e	3/2	9/18
end completed forms to: State Medic	al Board of Ohio		
Legal Department		MEDICAL BO)ARD
30 E. Broad St., 3 rd	Floor	A 2 . r	
Columbus, OH 432	15-6127		Ž.
escribed: 5//2011, Rev. 12/13/12			



(Required pursuant to R.C. 2919,123)

1. Date RU-486 was provided:		•
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Name of medical processor as a way		Year
Planned Panenthed East Surg	ded:	
3. Address of medical practice or facility at which RU-486 was prov 3255 E. Main St. Columbus OH 43213	/ded;	
4. Date post RU-486 complication began: 2 8 18		
5. Event(s) (Please check all that apply):		
Incomplete abortion Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding		
Yother serious event (specify) failed MAB		
6. Duration of event: Hours Days		
7. Remarks:		
A Complete with a	rh m	
B. a. Name of physician add	<u>'</u> 0	
3. a. Name of physician who provided RU-486 3. b. Physician's signature	henre !	Comanes
- Signature	M.D./	
Date	W.U. /	4.0
end completed forms to: State Medical Board of Ohio	·	
Legal Department		
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Columbus, OH 43215-6127		Now & con
escribed: 5//2011, Rev. 12/13/12		•
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		
Month	18	2018
2. Name of medical practice or facility	Day Provided:	Year
Planned Paventhood (ast)	urgen	
3. Address of medical practice or facility at which RU-486 was 3255 E. Main St. Columbus OH 43213	provided:	
4. Date post RU-486 complication began:		
5. Event(s) (Please check all that apply):		
Incomplete abortion Adverse reaction to RU-4	.86 Patient hospitalize	ed
Patient received a transfusion Severe bleeding		•
Other serious event (specify)		
5. Duration of event: Hours Days		
7. Remarks:		
bencomplicated suche		
a. Name of physician who provided RU-486 Cath	rupe Roman	
. b. Physician's signature	who Poman	NOS
- Shinting	ND/	0.0
Date	3/8/1	8
end completed forms to: State Medical Board of Oh	io	
Legal Department		a programs
30 E. Broad St., 3 rd Floor	MEC	ICAL BOARD
Columbus, OH 43215-6127		
escribed: 5//2011, Rev. 12/13/12		·



(Required pursuant to R.C. 2919.123)

	TO PIOVIDED RU-486	
1. Date RU-486 was provided:		
was provided:		
<u>Ina</u>	ch 22	
2. Name of medical practice or facility at which RU-486 was		2018
medical practice or facility at which are	Day	Year
1 (Global De William RU-486 was	provided:	100)
The parent med	Cotto	
Planned Paventhood 3. Address of modern	East Surgen	
3. Address of medical practice of facility at which RU-486 was Columbus OH 43213	-	
5255 E. Main St. RU-486 Wa	provided:	
Columbus OH 43213	•	
4 Data novi Bu	į	
4. Date post RU-486 complication began:		
5. Event(s) (p)		
5. Event(s) (Please check all that apply):		
Incomplete abortion		
Adverse reaction to RU-	Patient hospitalized	
Patient received a transit	Tospitalized	
Patient received a transfusion Severe bleeding		
		•
Other serious event (specify) failed abord		
taled abond	(2.	
	04	
. Duration of event: Hours Days		
Hours Dave		
Days		
Remarks:		
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Comprised Sucha?		
a. Name of physician who provided RU-486		
RU-486 (CH	enre Ross	•
D. Physician's signature	enre Ronan	05
Date	MOTOO	-
u completed format		
State Medical Board of Oh		
Legal Department		
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(Required pursuant to R.C. 2919.123)

1 Data Bill and			•
1. Date RU-486 was provided:	April	۱ ٩	2018
	Month	Day	
2. Name of medical practice or facility at which Plunned Parenthood 6	RU-486 was provid	odı	Year
3. Address of medical practice or facility at which	h RU-486 was prov	Idad	
3255 E. Main St. Columbus OH 43213	130 Was ρ10γ	iucu;	
	8		
S. Event(s) (Please check all that apply):			
Adverse	reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe bleeding			· ·
Other serious event (specify)			
6. Duration of event:Hours	Days		
7. Remarks:			
uncomplicated Dtc	·		•
8. a. Name of physician who provided RU-486	- Lair		
8. b. Physician's signature	1 Cast	bothe R	obahos
	ate	5/3/V	100
Sand annual L	dical Board of Ohio	1-10	
Legal Departmen			
30 E. Broad St., 3			
Columbus, OH 4	3215-6127	NAF	DICAL BOARD
Prescribed: 5//2011, Rev. 12/13/12		1771.	MAY A LONG
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was prov	/ided:	_12	14	18
		Month	Day	Year
Name of medical pract Women's Med Date	tice or facility at which F yton	U-486 was provid	ded:	
3. Address of medical pra 1401 E Stroop Rd	ctice or facility at which	RU-486 was prov	ided:	
Dayton, Ohio 4542	9			
4. Date post RU-486 comp	plication began:			
. Event(s) (Please check a	all that apply):			
Incomplete abortion		action to RU-485	Patient hospitalized	
Patient received a transfusi	on Severe bleeding			
Other serious event (specify	1 _ failed m	udication	abution	
Duration of event:	Hours	Days		
. Remarks:		The control of the co		
Ln	complicated	dilation a	nd suction	į
a. Name of physician who	provided RU-486	Cath	enne Remar	200
b. Physician's signature			-	
	Date _	1/10/1	- MO/OC	and the second s
nd completed forms to:	State Medical B			
	Legal Department	oard of Ohio		
			MEDICAL	MARN
	30 E. Broad St., 3rd Floo	\ *	E IV T BOOK BOOK E NOW THE TRANS	The second second