

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-485

1. Date RU-486 was provi	ded:			11.12
		Month	Day	Year
7 Name of medical practi Women's Med Day		RU-486 was provide	ed;	
3. Address of medical prac 1401 E Stroop Rd		RU-486 was provide	led:	
Dayton, Ohio 45429				
4. Date post RU-486 comp	lication began: 157/			
5. Event(s) (Please check a	Il that apply):			
Incomplete abortion	Adverse n	eaction to RU-486	Patient hospitalized	i
Patient received a transfusion	onSevere bleeding			
Other serious event (specify)			
6. Duration of event:	7_ Hours	_ Days		
7. Remarks:	710 A			
8. a. Name of physician who	provided RU-486	10-140	FALL MI	
8. p. Physician's signature	Date	5/15/18	(MO./	00
Send completed forms to:	State Medical	Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Flo	oor	MEDICA	L BOARD
	Columbus, OH 43215	5-6127		1 2018

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 BU-485

1. Date RU-486 was provided:	July	Day	2018
Name of medical practice or facility at Women's Med Dayton	which RU-486 was provid		Year
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	t which RU-486 was provi	ded:	
4. Date post RU-486 complication began:	8/8/18		
5. Event(s) (Please check all that apply):			accidence and a self-self in the philosophic and a self-self-self-self-self-self-self-self-
Incomplete abortion A	dverse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
6. Duration of event: Hours	Days		To add the second secon
7. Remarks:			
. a. Name of physician who provided RU-	TO ICA	Horn	
b. Physician's signature	Jour 2 dorn	JULY MD/	D.O.
end completed forms to: State N	Medical Board of Ohio		

MEDICAL BOARD

AUG 1 4 2018

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-485

1. Date RU-486 was provi	ided:	_12	14	18
		Month	Day	Year
Name of medical pract Women's Med Day	ice or facility at which F /ton	RU-486 was provi	ded:	TEST
3. Address of medical prac 1401 E Stroop Rd		RU-486 was prov	vided:	
Dayton, Ohio 45429				
4. Date post RU-486 comp	lication began:			
5. Event(s) (Please check a	li that apply):			
Incomplete abortion	Adverse re	action to RU-486	Patient hospitalized	
Patient received a transfusion	on Severe bleeding			
Other serious event (specify	failed m	udication	abution	
5. Duration of event:	Hours	Days		
'. Remarks:				
kne	complicated.	dilation a	nd Suction)
a. Name of physician who	provided RU-486	Call		
b. Physician's signature			renne Remai	
	Date _	1/10/	9 40/00	Americaniani.
nd completed forms to:	State Medical E	Board of Ohio		
	Legal Department		in the second	Fig. of the control o
	30 E. Broad St., 3rd Floo	or	MEDICAL F	KOARD
	Columbus, OH 43215-		JAN 2 2	2010