

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:	<u>11/04</u> / <u>22</u> / <u>2016</u>
	Month Day Year
2. Name of medical practice or facility at which RU-486 was provided:	Women's Med Dayton
3. Address of medical practice or facility at which RU-486 was provided:	1401 E Stroop Rd Dayton, Ohio 45429
4. Date post RU-486 complication began:	<u>05/12/18</u>
5. Event(s) (Please check all that apply):	<input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____
6. Duration of event:	<u>7</u> Hours _____ Days
7. Remarks:	
8. a. Name of physician who provided RU-486	<u>DR. J. K. KELLER MD.</u>
8. b. Physician's signature	<u>[Signature]</u> (MD/DO)
Date	<u>5/15/18</u>

Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD

MAY 21 2018

State Medical Board of Ohio Report of RU-486 Event

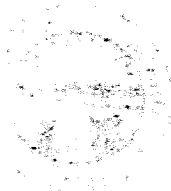
(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	July	19	2018
Month Day Year			
2. Name of medical practice or facility at which RU-486 was provided:	Women's Med Dayton		
3. Address of medical practice or facility at which RU-486 was provided:	1401 E Stroop Rd Dayton, Ohio 45429		
4. Date post RU-486 complication began:	8/8/18		
5. Event(s) (Please check all that apply):	<input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____		
6. Duration of event:	1	Hours	Days
7. Remarks:			
8. a. Name of physician who provided RU-486	Joyce Horn		
8. b. Physician's signature	[Signature]		
	Date	8/8/18	MD / DO

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MEDICAL BOARD
AUG 14 2018



State Medical Board of Ohio Report of RU-486 Event

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To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 12 / 14 / 18
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
Women's Med Dayton

3. Address of medical practice or facility at which RU-486 was provided:
1401 E Stroop Rd
Dayton, Ohio 45429

4. Date post RU-486 complication began:

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 medication abortion

6. Duration of event: 1 Hours 0 Days

7. Remarks:
uncomplicated dilation and suction

8. a. Name of physician who provided RU-486: Catherine Romanos, MD

8. b. Physician's signature: [Signature] MD/DO

Date: 1/16/19

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MEDICAL BOARD
 JAN 22 2019