

## 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:		àч	<u>20</u>
Name of medical practice or facility at     Women's Med Dayton	Menth which RU-486 was p	<sub>Day</sub> rovided:	Year
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	t which RU-486 was	provided:	
4. Date post RU-486 complication began:	1/4/21		
5. Event(s) (Please check all that apply):			
e Incomplete abortionA	dverse reaction to RU-48	36 Patřent hospitali:	16d
Patient received a transfusion Severe bie	eding		
Other serious event (specify)			
6. Duration of event:Hours	Days	(1)	
7. Remarks: fouled winders	Medicati vent len (	in abortion a complication a	rd. Prostr
B. a. Name of physician who provided RU- B. b. Physician's signature	Date Date	nne Cor 1/4/2021	win wa
end completed forms to: State i	Medical Board of Ohi	3	No.
Legal Departn	nent		

30 E. Broad St., 3<sup>rd</sup> Floor
Columbus, OH 43215-6127

MEDICAL BOARD

JAN 1 4 2021



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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided AU-485

1. Date RU-486 was provided:		24	2020
	Month	Dav	Year
2. Name of medical practice or facility	at which RU-486 was provi	ded:	1 201
Women's Med Dayton			
3. Address of medical practice or facility 1401 E Stroop Rd	y at which RU-486 was prov	vided;	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	7:		
5. Event(s) (Please check all that apply):			
Incomplete abortion	. Adverse reaction to RU-485	Patient hospitalize	á
Patient received a transfusionSevere t	bleeding		
Other serious event (specify)			
. Duration of event: Hours	Days		
. Remarks: OLALA CATA	T 1011 = 10		
asportation	i perovne	d to co	mp/eta
	abortion.		
	10 Cemp	licator	1
a. Name of physician who provided RL	1-486 Jeans		^
b. Physician's signature	MUPA	CD/Wi	The state of the s
	Date 12 1	2020	20
nd completed forms to: State	Medical Board of Ohio		79 (15 miles 1977) - 1 miles 1977 -
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