



# 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:	11	24	20	
	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: 1/4/21				
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: _____ Hours _____ Days				
7. Remarks: failed medication abortion underwent uncomplicated aspiration medication abortif				
8. a. Name of physician who provided RU-486: Jeanne Corwin				
8. b. Physician's signature: <u>Corwin</u> (MD/DO)				
Date: 1/4/2021				

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

**MEDICAL BOARD**

JAN 14 2021



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(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</u> Month	<u>24</u> Day	<u>2020</u> Year
2. Name of medical practice or facility at which RU-486 was provided: Women's Med Dayton			
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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>1</u> Hours <u>0</u> Days			
7. Remarks: <u>aspiration performed to complete abortion. No complications</u>			
8. a. Name of physician who provided RU-486 <u>Jeanne Corwin</u>			
8. b. Physician's signature <u>Corwin</u> MD/DO			
Date <u>12/1/2020</u>			

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 Columbus, OH 43215-6127

**MEDICAL BOARD**  
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