

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 provided:	_ 2	26	20
	Month	Day	Year
2. Name of medical practice or facility at whice Planned Parenthood	h RU-486 was pro	ovided:	
3. Address of medical practice or facility at whi	ich RU-486 was pr	ovided:	
2314 Auburn Aus. a			
4. Date post RU-486 complication began:	**************************************		
5. Event(s) (Please check all that apply):	1	***************************************	
Le Incomplete abortion Hailed Adverse	e reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
5. Duration of event: 2 Hours	Days		
Completed Surgically		,	
X:			
a. Name of physician who provided RU-486)r. buschan	1/2-
b. Physician's signature	sal	M.D./D	0
Date	e	4/17/20	
nd completed forms to: State Medic	al Roard of Obje		

MEDICAL BOARD

APR 2 4 2020

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127



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 provided:	4	16	20
	Month	Day	Year
2. Name of medical practice or facility at a Planned Parenthood	which RU-486 was prov	vided:	
Address of medical practice or facility at	which RU-486 was pro	ovided:	
2314 Auburn Aus.	ana, of	45219	
Date post RU-486 complication began:			
. Event(s) (Please check all that apply):			
☑Incomplete abortion Ad	iverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe blee	ding		
Other serious event (specify)			
Duration of event: 2 Hours	Days		
Remarks:			
a. Name of physician who provided RU-48	36 Low So.	hans	
b. Physician's signature	pagusal Date 6/9/6	M.D./D.	0
nd completed forms to: State Me	edical Board of Ohio		

MEDICAL BOARD

JUL 1 0 2020

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127



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1. Date RU-486 was provided:	4	23	20
	Month	Day	Year
2. Name of medical practice or facility at v Planned Parenthood	vhich RU-486 was provid	ded:	
3. Address of medical practice or facility at	which RU-486 was prov	rided:	
2314 Auburn Aus.	ana, of	45219	
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
✓ Incomplete abortion Ac	everse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe blee	eding		
Other serious event (specify)			
5. Duration of event: 2 Hours	Days		
7. Remarks: Du C 10/0 incident			
B. a. Name of physician who provided RU-4	86 Ovsch	honey	
3. b. Physician's signature ————————————————————————————————————	Walpusah Date 6/9/26	M.D./1	2.0
end completed forms to: State N	ledical Board of Ohio		
Legal Departm	ent		

30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

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JUL 1 0 2020



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 provi	ided:	<u> </u>	16	70
2 11		Month	Day	Year
2. Name of medical practi	ice or facility at which	n RU-486 was provid	ded:	
3. Address of medical prac	tice or facility at which	ch RU-486 was prov	ided	
2314 Auburi	Au. a	na, off	45219	
4. Date post RU-486 compl	lication began:		<u>, , , , , , , , , , , , , , , , , , , </u>	
5. Event(s) (Please check all	I that apply):			
	Adverse	reaction to RU-486	Patient hospitalized	
Patient received a transfusion	n Severe bleeding			
Other serious event (specify)				
5. Duration of event: 2	Hours	_ Days		
7-Remarks: Completed	surgically			
3 Namo of about				
a. Name of physician who p	ΛΙ.	Dr. 6	owsdy	
b. Physician's signature	Mura		M.D. / D.(
	Date	7/11/	1020	
nd completed forms to:		Board of Ohio		
	egal Department			- 4 -
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	30 E. Broad St., 3 rd Flo Columbus, OH 43215		WEDIC	AL BOARD

Prescribed: 5/-/2011, Rev. 12/13/12