#### State Medical Board of Outo Report of RU-486 Las

to be real perelocation in the second of the second

1. Date 6: 486 was pro-	nded:		3	20	20
<ol> <li>Name of medical arise</li> <li>Women's Med Da</li> </ol>		Fil BUZECKA	had a Kili		
3 Acdréss of medical aca 1401 E Stroop Rd Dayton, Ohio 4542		when Russian w.			
4. Date post PU 486 com		1/17/20	020		
5. Event(a) (Please check	arthat apply				
nom slete apartis-		e e e e e e e e e e e e e e e e e e e			
Faltent received a trinisty	CorSelen seed				
Other send at over a figerial	fy.				
6 Duration of event	nom_	36.			
7. Remarks	A second				
_					
ā. Nariae of physics, - we	10 providen 81 48	Ros	slyn Kaa	le.	
o Physican's constum		C. Ca			
		Tite	1 20 300	20	
ere camplicted forms to		edica 95 com			
	the The Ta			MEDIC	L BOARD

JAN 2 4 2020

Salaration CH House

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-488

1. Date RU-486 was provide	led:		8	2020
		Morth	Day	Year
<ol> <li>Name of medical practi</li> <li>Women's Med Day</li> </ol>		h RU-486 was provid	ded:	154
3. Address of medical prac 1401 E Stroop Rd	tice or facility at whi	ch RU-486 was prov	ded:	- Al
Dayton, Ohio 45429				
4. Date post RU-486 comp	ication began:	27/2020		
5. Event(s) (Please check a	I that apply):			
Incomplete abortion	Advers	e reaction to RU-485	Patient hospitalize	d ·
Patient received a transfesion	sn 📈 Severe bleeding			
Other serious event (specify	)			***
6 Duration of event:	Hours	Days		
7. Remarks:			70.00	
8. a. Name of physician who	provided RU-486	Rosy	In Kad	ı
8. b. Physician's signature	Dat	1/200	V20	DO
Send completed forms to:	100	tal Board of Ohio		
	Legal Department		MEDIC	AL BOARD
	30 E. Broad St., 3 <sup>rd</sup>	Floor		
	Columbus, OH 432	15-6127	I EB	0 5 2020

"Recurred pursuant to him parts aver

To be completed by the of public who provided No 486

1 Date Rin 486 seas pr	Swided:	Marsh	24	2020
Name of medical are Women's Med D	actice or facility at whic ayton		92 <sub>1</sub>	* ear
Address of medical or 1401 E Stroop Ro	actice or lacinty at wh	och RU 486 was provid	lec	
Dayton: Ohio 454	29			
4. Date post PU-486 con	nplication began:	2/6/20	20	
5. Event/s) (Please check	all that apply:	0 1 1 0 0		
mormplete reactor	4dvers	e reschio. 15 30-486	Patient Fospitalues	
_ Par ent received a transf.	ser Serer sweeping			
Other serious pure tipped	άγ			
Suration of event	Hours	Days	-	
Pemarks				77
a Name or priva clar wi	Carowded Research	Wast.	Vala	
s. Physician's signature	&.K	e de el	) MADOS	
	Date	4/29/21	520	
nd completes forms to.	State Marisin,	a Beam of Unit		
	seed Department			MEDICAL BOARD
	30   Broad St. 3" -			
	Colombia on use:	a-6a,		MAY 2 7 2020



(Required pursuant to R.C. 2919,123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	9		ച്ച	20
	Month		Day	Year
2. Name of medical practice or facility at wi	hich RU-486 was	provided:	No.	1691
Women's Med Dayton		•		
3. Address of medical practice or facility at v 1401 E Stroop Rd	which RU-486 wa:	s provided:	***************************************	
Dayton, Ohio 45429				
4. Date post RU-486 complication began:	10/15/2	20		
5. Event(s) (Please check all that apply):				A STATE OF THE PROPERTY OF THE
Incomplete abortionAdv	erse reaction to RU-	485 Patien	t hospitalized	
Patient received a transfusion Severe bleedi	ing			
Other serious event (specify)	roled u	rale		********
6. Duration of event: 2 Hours	Days		The second second	
7. Remarks:	74 14.4 Company of the Company of th			
3. a. Name of physician who provided RU-488	6 Rosla	in Kar	\$0	
L. b. Physician's signature				
	)ate	10/20/7	(MD)/Da	******
and any what if I was	dical Board of Ot	1-64		The second secon

Legal Department 30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 1 2 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485.

1. Date RU-486 was provided:	***************************************	9	201		20
	*	Month	Day		$\alpha u$
2. Name of medical practice or fac	cility at which RU	-486 was prov	vided:		Year
Women's Med Dayton		•			
3. Address of medical practice or fa 1401 E Stroop Rd	acility at which R	U-486 was pro	vided:		
Dayton, Ohio 45429					
4. Date post RU-486 complication b	began: 10/8	9/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The state of the s
5. Event(s) (Please check all that ap	ply):	1			of the same of the
Incomplete abortion	Adverse reac	tion to RU-485	Patient hos	pitalized	
Patient received a transfusionSe	evere bleeding				
Other serious event (specify)	14.				
Duration of event: Ho	oursD	ays			
. Remarks:		COCCOS SALALA	**************************************		
a. Name of physician who provided	d RU-486	RASI	100 9	Va 10	
b. Physician's signature		(Carl	y iv _	caae	A sixture of the second
		11/2/	20	B/00	Marama.
nd completed forms to:	Date		LU		***************************************
·	State Medical Bo	ard of Ohio			
	partment				
	oad St., 3 <sup>rd</sup> Floor		!	MEDICA	AL BOARD
Columbi	us, OH 43215-61	27			

NOV 1 2 2020

Prescribed: 5/-/2011, Rev. 12/13/22



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provide	:d:	10	6	200
		Month	Day	Year
Name of medical practice     Women's Med Dayto	e or facility at which R	₹U-486 was provid	ded:	1.541
3. Address of medical practic 1401 E Stroop Rd	e or facility at which	RU-486 was prov	rde¢:	
Dayton, Ohio 45429				
4. Date post RU-486 complica	ation began:	1/2/21	020	
5. Event(s) (Please check all t	hat apply):			
X Incomplete abortion	Adverse re	raction to RU-486	Patient hospitalized	
Patient received a transfesion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks;	40	The second of th		
. a. Name of physician who p	rovided RU-486	Rosty	n Kado	
. b. Physician's signature	Se.	(a)	= MO/D	0
and all his water and a second	Date _	<u> </u>	070	A W
end completed forms to:	State Medical	Board of Ohio		
	egal Department		R & s	<b>-</b>
36	0 E. Broad St., 3 <sup>rd</sup> Floi	Ďr.	ME	DICAL BOARD

NOV 1 2 2020

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	Month	27	20
Name of medical practice or facility at w     Women's Med Dayton		Day ided:	Year
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was pro-	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	11/2/20		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	verse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleed	sing		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
3. a. Name of physician who provided RU-48 3. b. Physician's signature	Care Date	lyn Kad 3/20 Maro	le o
end completed forms to: State Me	edical Board of Ohio		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 1 2 2020