

## 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:		1	3		
		Month	3 Day	2020	
2. Name of medical practice or Planned Parent	facility at which RU			Year	
3. Address of medical practice of	facility at which F	RU-486 was provi	ded:		
2314 Auburn	Au. and	a, ott	45219		
4. Date post RU-486 complicatio	n began:	The Annual Control of the Control of			
5. Event(s) (Please check all that	apply):				$\dashv$
Oncomplete abortion/ Fai hol	Adverse rea	ction to RU-486	Patient hospitalized		
Patient received a transfusion	Severe bleeding				
Other serious event (specify)					
. Duration of event:	Hours[	Days			
. Remarks:	,				$\dashv$
Completed Surpe	illy				
a. Name of physician who provi	ded RU-486	Dr. 1	live		-
b. Physician's signature	20	1/31/2	MD/D		+1
nd completed forms to:	Date —	1//1			-
	State Medical Bo Department	oard of Ohio			
	Broad St., 3 <sup>rd</sup> Floor			MEDICAL BO	ARD
	, - / 1001				111

FEB 0 7 2020

Columbus, OH 43215-6127

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



## 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:	<	9	
	Month	Day	<u> 20</u>
2. Name of medical practice or facility a Planned Parenthood	t which RU-486 was provid	ded:	Year
3. Address of medical practice or facility	at which RU-486 was prov	ided:	
2314 Auburn Aus.			
4. Date post RU-486 complication began	:	MAX. 4	
5. Event(s) (Please check all that apply):			
✓ Incomplete abortion	Adverse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe b	leeding		
Other serious event (specify)			
6. Duration of event: 4 Hours	Days		
7. Remarks:			
`.			
8. a. Name of physician who provided RU	-486 Dr	· Wal	
8. b. Physician's signature	7/2/2	M.D./	D.O.
end completed forms to: State Legal Departs	Medical Board of Ohio		
30 E. Broad S			
	U A2215 C127		



## 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:	5	20	0.2
	Month	Day	20
2. Name of medical practice or facility: Planned Parenthood	at which RU-486 was provid	ed:	Year
3. Address of medical practice or facility	y at which RU-486 was provi	ded;	
2314 Auburn Aue.	ana, of	45219	
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 b	pleeding		
Other serious event (specify)			
	Days		
Duration of event: 17 Hours	Days		
Duration of event: 17 Hours	Days		
Other serious event (specify)  Duration of event: Hours  Remarks:			
Duration of event: 17 Hours  Remarks:		b~1	
Duration of event: 17 Hours  Remarks:	486	<i>b</i> ∩ / D.0	
Duration of event: 17 Hours Remarks:  a. Name of physician who provided RU- b. Physician's signature			

30 E. Broad St., 3<sup>rd</sup> Floor Columbus, OH 43215-61:27 MEDICAL BOARD

AUG 1 7 2020

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



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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:	<i>i1</i>	7	
	Month	Day	20
2. Name of medical practice or facility	at which RU-486 was provide	hat.	Year
Planned Parenthood	L	JCG.	
3. Address of medical practice or facilit	y at which RU-486 was prov	idadi	
2314 Auburn Aug	· ana, of	45219	
4. Date post RU-486 complication began	n:		
12/1/20			
5. Event(s) (Please check all that apply):			
Incomplete abortion	_Adverse reaction to RU-486 _	Patient hospitalized	
Patient received a transfusion Severe b			
Other serious event (specify)			
. Duration of event: Hours	Days		
Remarks:			
	,		
N.			
a. Name of physician who provided RU-	-486 <i>Dr.</i>	61 -	
o. Physician's signature	5/2		
	,,/	MOLDO	)
	Date	ho	
d completed forms to: State I	Medical Board of Ohio		

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

DEC 1 6 2020