(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-486

	ded:	02	04	2020
		Month	Day	Year
Name of medical practi	ce or facility at which	RU-486 was provi	ded:	
Women's Med Day				
3. Address of medical pract 1401 E Stroop Rd	tice or facility at whic	th RU-486 was prov	ded:	
Dayton, Ohio 45429				
1. Date post RU-486 compl		2/18/2020	No. (
5. Event(s) (Please check al		110 MOO.0		
Incomplete abortion	Adverse	reaction to RU-486	Patient hospitaliza	d
Patient received a transfusion	r Severe bleading			
	Devise meeting			
Other serious event (specify)				
Disconding of	Hours	Days		
. Duration of event:		The second section of the sect		-
Duration of event:			A STATE OF THE PARTY OF THE PAR	
	after MAB			
	after mkb	tect suef	SCA /	
Remarks: blucking	after mkB Uncemplica	ited suef	iqu	
Remarks: blucking		ited suef		Remarks
Remarks: blucking a. Name of physician who		ited suef	Cotherine	Ramanus, MI)
Remarks: blucking	provided RU-486	7	Cotherine	
a. Name of physician who		7	Cotherine	
a. Name of physician who b. Physician's signature	provided RU-486 Date State Medica	7	Cotherine	30
a. Name of physician who b. Physician's signature	provided RU-486 Date	Board of Ohio	Cotherine	

Calumbus, OH 43215-6127

State Medical Board of Ohio 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 80-486

1. Date RID-486 was provided:	4	8	2020
	Month	Day	Year
2 Name of medical practice or facility at	which RU-486 was provid	led:	1 221
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date : oct RU-486 complication began:	- SHAPPER ALL & AMERICAN PROPERTY AND ASSESSMENT OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPERTY ASSESSMENT OF THE PROPERTY OF THE P	COLUMN TO THE PARTY OF THE PART	- Million de la companya de la compa
5. Event (Please check all that apply):		Section 1	
Incon a -te abornonA	diverse reaction to RU-485	Patient bespitalize	Ġ
Patier received a transfusion Severe pie	eding		
Other arrous event (specify)			
6. Durants of event: 24 Hours	Days		aleman and a second
7. Remai		The state of the s	
uncamplica	Ad D:E		
.a. Name of physician who provided RU-A	185 Latheri	ne Roman	20
b. Physician's signature	Date	(0/10)	/03
end completed forms to: State N	Medical Board of Ohio	W/10	
lead Denzem			

30 E. Broad St., 3rd Floor

Columbus, OH 4321S-6127

Prescribed 1. 11, Rev. 12/13/12

MEDICAL BOARD

JUN 2 3 2020

Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-485

1. Date R. 486 was provided:	4	24	2020
	Month	Day	Year
2 Name of medical practice or facility at	which RU-486 was provi	ded:	
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was prov	/ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	5/26/20	20	
5. Event (Please check all that apply):			
incar sile aportion A	alverse reaction to RU-486	Parient hospitally	ed
Patien received a transfusion Severe pir	ooding		
Criber secrets event ispecify)	gilled mass		(4)
& Duration of event: 4 Hours	Days		
7. Remark			
uncamplica	hol D: E		
		0	
3. a. Name of physician who provided RU-	-486 Cathe	wire Ko	Malnos
Big Physican's signature		MO	200
	Date	5	6760
one are stoo formeton. State			

Legal Department

30 E. Broad St., 3rd Floor

Columbus, CH 43215-6127

MEDICAL BOARD

IUN 09 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided 8U-485

1. Date RU-486 was provided:	04	29	2020
	Month	Day	Year
2. Name of medical practice or facility at 1	which RU-486 was provide	ed:	100
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was provid	led:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:		+2300000	
Event(s) (Please check all that apply):			
Incomplete abortionA	dverse reaction to RU-485	Patient hospitalize	d
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
1			
6. Duration of event: Hours	Days		
7. Remarks:	•		
Dilah	an and Sucha		
3. a. Name of physician who provided RU-	486 Catheri	he Komo	aros
B. b. Physician's signature		(AD.)	60
	Date 5 15 20		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAY 2 7 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided AU-485

1. Date RU-486 was provided:	4	30	2020
	Month	Day	Year
Name of medical practice or facility at white Women's Med Dayton	ich RU-486 was pro	wided:	
3. Address of medical practice or facility at will 1401 E Stroop Rd	hich RU-486 was pi	rovided:	A STATE OF THE STA
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	Control of the State of the Control	Springer Allerte and Allerte a	
5. Event(s) (Please check all that apply): Incomplete abortion Adversion Severe bleeding Patient received a transfusion Severe bleeding Other serious event (specify)	Ę	Patient hospitali	red
7. Remarks:	Usys	12.00	
dilation	sucha		
8. a. Name of physician who provided RU-486 8. b. Physician's signature	ate 5	1	20m kwoS
end completed forms to: State Med	lical Board of Ohio	the second secon	17. The second s

Legal Department

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Columbus, OH 43215-6127

MEDICAL BOARD

MAY 1 8 2020



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

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	A	8	200
	Month	Day	Year
Name of medical practice or facility at v Women's Med Dayton	vhich RU-486 was prov	ided:	
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	which RU-486 was pro	vided;	
4. Date post RU-486 complication began:	9/2/200	20	
5. Event(s) (Please check all that apply):			
incomplete abortion Ad	verse reaction to RU-486	Patient hospitalize	ad
Patient received a transfusion Severe blee	eding		
Other serious event (specify) ————————————————————————————————————	led MB		
6. Duration of event: 3 Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-4 8. b. Physician's signature	Date	erine Ro	manos, ud
Send completed forms to: State N	Medical Board of Ohio	nach-base (Art Alah International State of Anna Anna Anna Anna Anna Anna Anna Ann	
Legal Departm	ent -		

MEDICAL BOARD

SEP 0 9 2020

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:		7	24	2000
	Mont	th	Day	Year
2 Name of medical practice or faci	lity at which RU-486 w	vas provided:		1 5 61
Women's Med Dayton				
3. Address of medical practice or fact 1401 E Stroop Rd	cility at which RU-486	was provided	}:	
Dayton, Ohio 45429				
4. Date post RU-486 complication be	egan: 10/12/2	0		
5. Event(s) (Please check all that app		**************************************		
incomplete abornon	Adverse reaction to	RU-486 P	atient hospitalized	
Patient received a transfusion Sev	ere pleeding			
Other serious event (specify)	failed	m tb		
6. Duration of event: 24 Ho	urs Days			
7. Remarks:		- X-02-	- N	
WNO	complicated	D; S	<u> </u>	The state of the s
3. a. Name of physician who provided	RU486 CA	there	e Roma	nos
3. b. Physician's signature	Date	5	10/15/-	776
end completed forms to: S	tate Medical Board of	Ohio	1-1-6	
	partment	 	MEDICAL	ROARD
30 E. Bro	oad St., 3 rd Floor		•	
Columb	ic ON Abbits room		OCT 2 6	5 2020

Columbus, OH 43215-6127

Prescribed, 5/--/2011, Hev. 17/13/12



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

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	8	13	302 o
	Nonth	Day	Year
7 Name of medical practice or facility	at which RU-486 was provide	led:	1601
Women's Med Dayton			
3. Address of medical practice or facility 1401 E Stroop Rd	y at which RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	n: 8-17-2020		
5. Event(s) (Please check all that apply):			
Incomplete abomon (michical			
Incomplete abortion (Muchal)	"Adverse reaction to RU-486	Patient hospitalize	:d
Patient received a transfusion Severe b			
Other serious event (specify)			
5. Duration of event: Hours	Days		
7. Remarks;			
~ <	5 - unicompli		
') _	2 - hicompo	cate q	
a. Name of physician who provided RU	-486 Dolathe	rine Ron	nanos
. b. Physician's signature		MON	0.0
	Date	8/19/	20
nd completed forms to: State	Medical Board of Ohio		
Legal Depart		ME	DICAL BOARD

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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AUG 2 4 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:		9	2020
2. Name of medical practice as facility	Month	Day	Year
 Name of medical practice or facility at a Women's Med Dayton 	which KU-486 was provid	ed:	
O Address of the Links			
Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was provi	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	10/16/20		
5. Event(s) (Please check all that apply):			
Incomplete abortion Ac	lverse reaction to RU-486	Patient hospitalize	ed _.
Patient received a transfusion Sevare blee	ding		
Other serious event (specify)			-
6. Duration of event: Hours	Days	the state of the s	
7. Remarks;			
. a. Name of physician who provided ROY	oc Patha	120 D	- No. of the last
. b. Physician's signature	86 Carthe	rule kon	canos
a signature	Date	(MD) 10/22/	2~
and completed forms to: State M	orlies Doord of St.		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 1 2 2020

Prescribed: 5/--/2011, Rev. 12/33/12



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	11	20	20
2. Name of medical practice or facility at which	Month	Đày	Year
Women's Med Dayton	no-466 was prot	viaea:	
3. Address of medical practice or facility at whice 1401 E Stroop Rd	h RU-486 was pro	ovíded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	1/24/20)	
5. Event(s) (Please check all that apply);	110-11000		
incomplete abortionAdverse	reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe bleeding			
Other serious event (specify)	···		
6. Duration of event: Hours	Days		
7. Remarks:			
uncampl	icalled such	tie	
8. a. Name of physician who provided RU-486	Oc Co		A
8. b. Physician's signature		Martine Ki	Munos
Send completed forms to: State Modern			13120

State Medical Board of Ohio

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

MEDICAL BOARD

DEC 09 2028

MEDICAL BOARD

JAN 2 7 2021



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:	12	11	2020
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provi	ided:	1791
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	ot which RU-486 was pro-	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	01-12-202	2./	
5. Event(s) (Please check all that apply):		***************************************	
Incomplete abortion	Adverse reaction to RU-485	Patient hospitaliz	e d
Patient received a transfusionSevere bia	eeding		
Other serious event (specify)	Continung	pregnancy	With the Control of t
6. Duration of event: Hours			
7. Remarks:	y - Migray y St. de announcement of a great below that It by he also be an announcement for development of the		75 75 75 75 75 75 75 75 75 75 75 75 75 7
a. Name of physician who provided RU-	486 Catherin	e Romano	20
b. Physician's signature			<u> </u>
and the state of t	Date	1/14/2	
end completed forms to: State I	Medical Board of Ohio		7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Legal Departr	nent		
30 C K	n mrd ni		

Legal Department 30 E. Broad St., 3rd Floor 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:	12 Month	17	2020
Name of medical practice or facility at white Women's Med Dayton		Day vided:	Year
3. Address of medical practice or facility at will 1401 E Stroop Rd	hich RU-486 was pr	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):	***************************************		- Herbert Marie
Incomplete abortion Adver	rse reaction to RU-486	Patient hospitaliz	red
Patient received a transfusion Severe bleedin	ng		
Other serious event (specify)			-
6. Duration of event: 24 Hours	Days		
7. Remarks:	A COLUMN TO THE COLUMN THE PROPERTY OF THE PRO	The state of the s	
uncomp	Ovcaled	suefich	
3. a. Name of physician who provided RU-486 3. b. Physician's signature	Catherin		Mo Do
end completed forms to: State Med	ate	12/2	23/26

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 04 2028



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

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	12	23	20
	Month	Day	Year
2. Name of medical practice or facility at wh	ich RU-486 was provide	ed:	
Women's Med Dayton			
3. Address of medical practice or facility at w 1401 E Stroop Rd	hich RU-486 was provid	led:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	12/28/20		PROBLEM STATE OF THE STATE OF T
5. Event(s) (Please check all that apply):			
V. Incomplete abortion Adver	rse reaction to RU-486	_ Patient hospitalize	t d
Patient received a transfusion Severe bleeding	ng		
Other serious event (specify)			
6. Duration of event: Hours	Days		(
7. Remarks:			
incomplicat	led suction		
3. a. Name of physician who provided RU-486	Catherin	e Romes	nos
3. b. Physician's signature	1	CMD	ħ ħ
D.	ate	Sitiel	/
end completed forms to: State Med	lical Board of Ohio		797.004

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JAN 1 4 2021