MEDICAL BOARD

FEB 0 3 2020

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:			
	Month	Day	Year
2. Name of medical practice or facility at which RU-	486 was provi	ded:	
The founders Women's Healt	n Center		
3. Address of medical practice or facility at w	nich RU-486	was provided:	
1243 E. Broaf St.			
Co45, OH 43205			
4. Date post RU-486 complication began:			
1-30-20			
5. Event(s) (Please check all that apply):			
Incomplete abortionAdverse reac	tion to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleeding			
Other serious event (specify) Fa_1	led u	edical u	busteon
6. Duration of event: Hours 14 Day	rs		
7 Remarks: 1 0 1 0 C 1.) - 0	= 1 had	Em Car Dallar
Patient had tarted	medi	(cel a vor)	ney cell a way
7. Remarks attent had failed sent to the Wo for rangues about	weis b	Med Ceu	ter in Doepton, Olero
8. a. Name of physician who provided RU-486	Kosl-	T Schaella	CMD
8. b. Physician's signature	e D. S	clevelter	
Da	te $\left(-3\right)$	V-20	

Send completed forms to:

State Medical Board of Ohio

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:	02	06	2020	7
	Month	Day	Year	•
2. Name of medical practice or fa	cility at which RU-486 was provi	ided:		
7666613 6001	11003 Frain Ch	<u>C.</u>		
3. Address of medical practice or f 1243 E. BOAD St. Col'S, OH 43205	acility at which RU-486 was pro	vided:		
4. Date post RU-486 complication	hegan.			4
	3-18.20			
5. Event(s) (Please check all that a	oply):			-
Incomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	ed	
Patient received a transfusion S	evere bleeding			
Other serious event (specify)	FailED abort	du		
6. Duration of event:H	ours 35 Days			-
7. Remarks: Patient du	Juit follows in n	for and	1 .	<u> </u>
and vote	duit follow-up	for post	-ao core	
3. a. Name of physician who provid 3. b. Physician's signature	Dupole on 1 1	D.in:	toation U.S.	
	प्राची पुरुष्टि	Du . battle	1 referred	no (c
s. a. Name of physician who provid	ed RU-486 Kur Jehrer	GA ALLE	le de l'enter u	Deytou, 4
B. b. Physician's signature (🚾	y Ichaeffer and	The Can	TO I HOW TOOK	1
	Date 3-24-10)		
end completed forms to:	State Medical Board of Ohio]
Legal I	Department			

MAR 2 7 27

MEDICAL BOARD

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	2	18	20	
	Month	Day	Year	
2. Name of medical practice or facility at which R				
The founder's Women's	Health Ct	R		
3. Address of medical practice or facility at a	which RU-486	was provided:		
1243 E. Broad St.				
Columbus, OH 43205				
4. Date post RU-486 complication began:				ACTIVITIES OF THE STATE OF THE
3-3-20				
5. Event(s) (Please check all that apply):			The state of the s	
Incomplete abortion Adverse re	action to DU AGE	Datie of the P		
Adverse re	action to KU-486	Patient hospitalize	d	
Patient received a transfusion Severe bleeding				
Other serious event (specify)				
6. Duration of event: Hours 14 Da	ays			
7. Remarks: 0 0 5 1 0 0				
" ratient had for	uled u	iedical a	boition and	
7. Remarks: Patient had for well her sew Med Ceriber in	t for 1	ingreal a	abortion at	Womens
8. a. Name of physician who provided RU-48	6 Kai	NI.Scl	las fer, un	<u>></u>
			(M.D/D.O	
ı	Date	3-20		
Send completed forms to:				the state of the s

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

	A.		
1. Date RU-486 was provided:	03	19	2020
	Month	Day	Year
2. Name of medical practice or facility at which The founder's Women's He		vided:	
3. Address of medical practice or facility at whice 1243 E. B(つaD S႕. Columbus, OH 仏3つち 4. Date post RU-486 complication began:		ovided:	
5	-24-20		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse	e reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify) Facled	abortion		
6. Duration of event: Hours	Days		
7. Remarks: Poctient had Failed leut for Avergent &) wedical	abortion ass the Woured	d will be s ched Center
in Dayton, also.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
8. a. Name of physician who provided RU-486		I. Schaeffer	
8. b. Physician's signature	, Schaet ite 3-24-	er molo	1.0
Send completed forms to: State Medi	ical Board of Ohio)	

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD
MAR 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 provide	ed:				
		Month	Day	Year	
2. Name of medical practice THE FOUNDER'S	or facility at which F Women's Heal	RU-486 was provided HY CROTE	i :		
3. Address of medical practi	ce or facility at which	RU-486 was provide	ed:		
1243 E. Broad					
4. Date post RU-486 complice 3・ンで	ation began:	20			
5. Event(s) (Please check all	that apply):				
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitaliz	ed	
Patient received a transfusion	Severe bleeding				
Other serious event (specify)	Farled	medical	abortion		
6. Duration of event:	Hours14	_ Days			
7. Remarks: Patent o	eturaed oa	4/9/20 fe	or follow	J-UP	
Porteguit	had a truled	modical	aborted	Cura ve	
will be	sent To Tho	Wowen's U	ed Creixe	. u. Dante	W. Of
3. a. Name of physician who	provided RU-486	Karl I.	Schaef	Fer	0
	Karl-D (c				
end completed forms to:	State Medical	Board of Ohio			
	1ID		*		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

APR 1 3 2020

was in a second

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:				
	Month	Day	Year	
2. Name of medical practice or facility at which F				
The founder's Women's	Health	Ctr.		
3. Address of medical practice or facility at $1243 \cdot 6.6000 \cdot 54$	which RU-48	6 was provided:		
Columbus, OH 43205	Notes III	ire-		
4. Date post RU-486 complication began:				
4-2-20				
5. Event(s) (Please check all that apply):				
Incomplete abortion Adverse r	reaction to RU-486	Patient hospitalize	d	
Patient received a transfusion Severe bleeding				
_Other serious event (specify) _ Faile)	Medic	al aborto	o(
6. Duration of event: Hours	Days			
7. Remarks:				
Patreul sent to	The Wa	rough's Offe	Center in Der	ytou
Olio for newsi	col a h	entron		•
8. a. Name of physician who provided RU-4	86 (erl I Sch	aeffer	
8. b. Physician's signature	Scha	effer.	M.D/D.O	
	Date	4-7-2		
Cand completed forms to				

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BU

APR 06 2020

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	D4	7-3	20
	Month	Day	Year
2. Name of medical practice or facili	ty at which RU-486 was pro	vided:	
The founder's Women	5 Health Center		
3. Address == medics! practice or faci	lity at which RU-486 was pr	ठणंतेश्दः	
1243 E. Broad St. C	olumbus OH 432	-05	
4. Date post RU-486 complication be	•		
5. Event(s) (Please check all that appl	y):		
Incomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Seve	ere bleeding		
Other serious event (specify)Fai	led abortron		
6. Duration of event: Hou	irs 14 Days		
7. Remarks: Portient was se Aungical about	nt to Plannec	l Parentle	ood for
	IC, i	I Schaeffe	
8. a. Name of physician who provided	Approximation and the second	*****	
8. b. Physician's signature	Karl D. Schue		/ D.O.
	Date _5-7-2	U	
Send completed forms to:	tate Medical Board of Ohio		
Legal De	partment		
30 E. Bro	oad St., 3 rd Floor		
Columbu	ıs, OH 43215-6127		-0480

MEDICAL BOARD

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	04	14	2020			
	Month	Day	Year			
2. Name of medical practice or facility at which RU-486 was provided: The founder's Women's Health Center						
3. Address of medical practice or facility at who 1243 E. Broad St. Colls, OH 43207	ich RU-486 was pro	ovided:				
4. Date post RU-486 complication began: $4-30-20$			v			
5. Event(s) (Please check all that apply):						
Incomplete abortion Advers	se reaction to RU-486	Patient hospitalize	ed			
Patient received a transfusion Severe bleeding	g					
Other serious event (specify) \mathcal{T}	ailed abovi	tion				
6. Duration of event: Hours	Days					
7. Remarks: Patient will be at the Women's on 5-1-20						
8. a. Name of physician who provided RU-486 8. b. Physician's signature	Marl Schueffer ate 4-30-	I Schoe M.D.	tter			
Send completed forms to: State Med	lical Board of Ohio					

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAY 0 1 2020

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	ided:	04	30	2020
		Month	Day	Year
2. Name of medical pract			vided:	
The tounder's hi	omen's Health	icta.		
3. Address of medical practical prac	ctice or facility at which	RU-486 was pro のH 43みっ	ovided:	
4. Date post RU-486 comp	olication began: 5-1	14-20		
5. Event(s) (Please check a	III that apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitalize	d
Patient received a transfusi	on Severe bleeding			
Other serious event (specifi	Facle	d medic	cal abortio	ν,
6. Duration of event:	Hours_t-4	_ Days		
	was sent to			iter ia
8. a. Name of physician wh	o provided RU-486	Karl.	I. Scharffe	1
8. b. Physician's signature	Wall 2	Schae/6	er mo	D.O.
		5-19-28	\$141-19-1-1	
Send completed forms to:	State Medical			
	Legal Department		MEDIC	CAL BOARD
	30 E. Broad St., 3 rd Flo	oor		
	Columbus, OH 43215	-6127	MΑ	Y 2 2 2020

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	5	7	20
	Month	Day	Year
2. Name of medical practice or facility at wh The founder's Women's Heal-		ed:	
3. Address of medical practice or facility at w	which RU-486 was provid	led:	***
1243 E. Brow St. Col's, (2068P AC		
4. Date post RU-486 complication began:	5-13-20		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	erse reaction to RU-486	_ Patient hospitalize	ed
Patient received a transfusion Severe bleed	ing		
Other serious event (specify) Fail	ed Medical	abortie	DIA
6. Duration of event: Hours	7 Days		
7. Remarks: Pustient was sent	to Women	s Med Co	euter w
Dayton, Olio for	a surgical	abortion	
3. a. Name of physician who provided RU-48	36 Karl I	-, Schaef	Ger-
3. b. Physician's signature (Caul	Date 5-13-2	(M.D)	/ D.O
Send completed forms to: State Mo	edical Board of Ohio		

Legal Department

30 E. Broad St., 3rd Floor

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-486

1. Date RU-486 was provi	ded:	05	12	2020
		Month	Day	Year
2. Name of medical practi	ce or facility at which	RU-486 was provid	led:	
The founder's	women's Heal-	th Center		
3. Address of medical prac	tice or facility at which	n RU-486 was prov	ided:	
1243 E. Broad	St. Columbus	5, OH 4320	5	
4. Date post RU-486 comp		20	-	
5. Event(s) (Please check al	I that apply):			
Incomplete abortion	Adverse r	eaction to RU-486 _	Patient hospitalized	i
Patient received a transfusion	on Severe bleeding			
Other serious event (specify	- Failed	abortion	20 to Th	rowing up pil
6. Duration of event:				
7. Remarks: Patient Wowen	was sent	for sugar ter in Da	id celebrate	on to
3. a. Name of physician who	provided RU-486	Keevl	I Schoof	fer
3. b. Physician's signature	Kaillse	haeffer		
or and or an area of the control of		5-27-20	(
end completed forms to:	State Medica	Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Flo	oor		
	Columbus, OH 43215	5-6127		CAL BOARD

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

MEDICAL BOARD

JUN 0 5 2020

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	05	26	2020
	Month	Day	Year
2. Name of medical practice or facility at which The founder's Women's Ho		ovided:	
2 Address of modical modical modical and the state of the	1 011 405		
3. Address of medical practice or facility at whi 1243 E. Bro a St. Colur	nbus, OH	43205	
4. Date post RU-486 complication began:	9-20		
5. Event(s) (Please check all that apply):		-	
Incomplete abortion Adverse	e reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleeding			
Other serious event (specify)faile	d medic	al abortion	1
6. Duration of event: Hours	Days		
7. Remarks: Portient will be	sent to	Wowen's 1	Med Chibes
in Dayton, Olen	formson	great about	ou,
	Ka	(I. Scha	ofter
B. a. Name of physician who provided RU-486	CIL		
	alae He	()	D.O
Dat	e 6-9-2	0	
end completed forms to: State Medic	al Board of Ohio		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JUN 1 2 2020

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	06	09	20
	Month	Day	Year
2. Name of medical practice or facility at		ed:	
The tourper's Women's	Health Ctr		
3. Address of medical practice or facility a	at which RU-486 was provi	ded:	
1243 E. Broad St. CE	8'5 OH 1320S)	
4. Date post RU-486 complication began: 06/16/20			
5. Event(s) (Please check all that apply):			
Incomplete abortion A	dverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe ble	eeding		
Other serious event (specify)	Failed abor	tion	
6. Duration of event: Hours	7_ Days		
7. Remarks: Patreut was at the Work	Sent for Aug cents Med Cen	ical abouts	tou Dha.
8. a. Name of physician who provided RU-4	186 Karl 1	. Schaet	fer
8. b. Physician's signature	upl-Schaeffer		0
	Date 6-()->		
end completed forms to: State N	Medical Board of Ohio		
Legal Departm	ent		
30 E. Broad St., 3 rd Floor MEDICAL BOA			
Columbus, OH	43215-6127	IVIL	

JUN 2 4 2020