State Medical Board of Outo Report of RU-486 for

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1. Date kill 486 www.pm	vided.		3	2020
 Name of medical practitions Women's Med Da 	rtice or facility as which act ryton			
3 Acdress of medical or, 1401 E Stroop Rd	ectice or facrity at which Ri	i i i v		
Dayton, Ohio 4542	9			
4. Date post PU 486 com	wication degan.	17/2020		-
5. Evenc(s) (Please check				
nion clete apartine	in and the second			
Patient received a cranet	Re _ Sever year be			
Otherwern sicks a (speci	fy			
S Duration of event	Pars	· ·		
7. Remarks				
1				
a Name of physics - we	roproviden 81 486	Roslyn	Kade.	
b Physican's synatum	X. li	Care	_	
	Market No.	1) 2	0/2020	
and some lated forms to	ervir Medice 3d			
	sepal Tripat num		A .	AEDIO
	30 f Balan H , 3 - Jan-		IV	MEDICAL BOARD
	Estantia Ed (22. 6			JAN 2 4 2020

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-488

1. Date RU-486 was provi	ded:	(8	2020
Y.		Morth	Day	Year
2. Name of medical pract	ice or facility at whic	h RU-486 was provid	led:	
Women's Med Day	/ton			
2 Address of made to			7.0	
 Address of medical pract 1401 E Stroop Rd 	coce or facility at whi	ch RU-486 was prov	ded:	
Dayton, Ohio 45429	9			
4. Date post RU-486 comp	lication began:	127/2020		
5. Event(s) (Please check a	II that apply):			
Incomplete abortion	Advers	e reaction to RU-485	Patient hospitalize	d
Patient réceived a transfesi	ion X Severe bleeding			
Other serious event (specify	y)			min to
6 Duration of event:	Hours	Days		
7. Remarks:				
		9		7 ************************************
8. a. Name of physician wh	o provided RU-486	> Kosy	n Kad	L
8. b. Physician's signature	&	· lade	MD./	0.0
	Da	te //28	120	
Send completed forms to:	State Medi	cal Board of Ohio	n objective and the second	
	Legal Department		MEDIC	AL BOARD
	30 E. Broad St., 3 rd	Floor		
	Calumbus, OH 432	215-6177	FED	0 5 2028

Required pursuant to P 2919 129

To be considered by the of public who provided include:

1. Date ktr 486 was prov	ided:	1,014	24	2020
Name of medical pract Women's Med Day	ice or facility at which iton	RU-486 was provid	eq	
Redress of medical brace 1401 E Stroop Rd	tuce or lacinty at which	RU 486 was prov	lec.	
Dayton Ohio 45429	9			
4. Date post PU-486 comp	lication began:	2/6/20	20	
5. Event(s) (Please check a	Il that apply i	0 1 - 100		
incomplete as or por	Solve 100	eschor > 30-486	_ Parient Fospitalices	
Patient received a transfers	Severe piercing			
Other serious over tipoecity				
Puration of event	Hours	Days		
Remarks			17	
a Name of physician with	arounded Black	Kostu	n Kade.	
is Physician's signature	L. Le	Resly	b MD 101	7
rd completes form to	State Made a	6		
	eral Department			MEDICAL BO

MAY 2 7 2020

SC & Bload St. A. Fider

Columbia on assistan

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided 80-486

T-Care	ovided:	03	04	2020
		Month	Day	Year
Name of medical pra	ictice or facility at which	RU-486 was provid	led:	
Women's Med Da	ayton			
3. Address of medical pr 1401 E Stroop Rd	actice or facility at whic	h RU-486 was prov	ded:	-
Dayton, Ohio 4542	29			
4. Date post RU-486 com	oplication began:		1	
		2/18/2020		
5. Event(s) (Please check	all that apply):	a 1 10 1000		
Incomplete abortion				
ncomplete aportion	Adverse	reaction to RU-486	Patient hospitaliz	ed
Patient received a transfer	sian Severe bleeding			
	Severe pieeoing			
Other serious event (speci	(6.4)			
Too com toped				and the same of th
	1	71		
Duration of	Hours	_ Days		
. Duration of event:				
. Duration of event:				
The Desire of the Control of the Con			1000	
The state of the s		ted sue fi	°QV	
Remarks: bluebro	y after MAB Uncomplica	ted sue fi	`qV	
The Desire of the Control of the Con	y after MAB Uncomplica	ted sue fi		Remark to
Remarks: Dlucture a. Name of physician wh	y after MAB Uncomplica	ted sue fi	Cotherine	Ramanus, Mi)
Remarks: bluebro	y after MAB Uncomplica 10 provided RU-486	78	Cotherine	
Remarks: Dlucbno a. Name of physician who. Physician's signature	y after MAB Uncomplica 10 provided RU-486 Date		Cotherine	
Remarks: Dlucbno a. Name of physician who. Physician's signature	y after MAB Uncemplica no provided RU-486 Date State Medical	78	Cotherine	80
Remarks: bluebro	y after MAB Uncomplica 10 provided RU-486 Date	Board of Ohio	Cotherine	

Calumbus, OH 43215-6127

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided HU-486

1. Date RO-486 was provided:	4	8	2020
And the second s	Month	Day	Year
2 Name of medical practice or facility :	at which RU-486 was provi	ded:	14
Women's Med Dayton			
3. Address of medical practice or facility 140 E Stroop Rd	at which RU-486 was prov	/ded:	
Dayton, Ohio 45429			
4. Date por RU-486 complication began	1	Signature Advantage	
- Charles			
Event (Please check all that apply):	Management of the control of the con	No.	
Inconete abomon	A. Linero and and and and		
	Adverse reaction to RU-485	Patient hospitalized	
Patie - received a transfesion Severe o	veeding		
Other are ous event (specify)			
			5 Accounts
Duranom of event: 24 Hours	Davs		
. Remark			
	1,000	D D	No. of the Control of
wreanpuc	and DiE		
a. Nanw of physician who provided RU	485 Latheri	he Romanos	Company of the Compan
b Physic un's signature			The state of the s
		MODE	
nd completed forms to: State	Date	@ /10/d	90)
4.0 (C	Medical Board of Ohio		
Legal Departs			
30 E. Broad S		MEDICAL	BOARD
Columbus, Or	H 4321S-6127		

JUN 2 3 2020

Required pursuant to R.C. 2919.123)

To be completed by the physician who provided HU-485

1. Date KC 486 was provided:	4	24	2020
	Month	Day	Year
2. Name of medical practice or facility at wh	ich RU-486 was provi	ded:	
Women's Med Dayton			
3. Address of medical practice or facility at w 1401 E Stroop Rd	rhich RU-486 was prov	/ ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	5/26/20	20	
5. Event in (Please check all that apply):			
income ele aportion Advo	erse reaction to RU-485	Parient hospitaliz	ed
Paties i received a transfusion Severe pleed	ng		
Other serrous event (specify) ————————————————————————————————————	lid MAS		£55
6 Duration of event: 4 Hours	Days		
7. Renistra			
uncamplicate	ed D:E		
8. a. Name of physician who provided RU-48	6 Cather	ine Ro	nanos
B. p. Phys. on signature	Date	5%	barba
Seed composited forms to: State Ma	The state of the s		

Legal Department

30 E. Broad St., 3" Floor

Columbus, CH 43215-6127

MEDICAL BOARD

JUN 0 9 2020

Prescribed 11,56% (7/13/12



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided HU-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	d:	144
Women's Med Dayton			
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:		₹ £ Agrantament	
Event(s) (Please check all that apply):			
Incomplete abortionA	dverse reaction to RU-486	_ Patient hospitalized	i
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
		-	
6. Duration of event: Hours	Days		
7. Remarks;	* No. 100 Personal Property of the Property of		
Dilah	an and Sucha		
	Section Section		
B. a. Name of physician who provided RU-	486 Catherin	ie Roma	unos
B. b. Physician's signature	(<)
. b. Physician's signature	Date 5/15/20	, wor	<u> </u>
end completed forms to: State &			

State Medical Board of Ohio

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 a Women's Med Dayton	which RU-486 was pro	vided:	
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was pr	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:		2 NOCE 4444 CONTRACTOR SECUL	
5. Event(s) (Please check all that apply): Incomplete abortion And And And Severe blee Other serious event (specify) Hours Severe blee Constitution of event: Hours Severe blee And Severe blee		Patient hospitaliz	ed
7. Remarks;	n; sucha	To an include a second	
. a. Name of physician who provided RU-4	Date 5	/my/s MD	20whmo
end completed forms to: State M	Medical Board of Ohio	The second secon	The second secon

Legal Department

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

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

MEDICAL BOARD

MAY 1 8 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided AU-485

1. Date RU-486 was provid	ied.	A.	Ø	0.00
		Month		10.00
2. Name of medical practic	ce or facility at which		Day	Year
Women's Med Day		MOTHOU WAS PIOVII	deo:	
3. Address of medical pract 1401 E Stroop Rd	tice or facility at which	h RU-486 was prov	rided:	
Dayton, Ohio 45429				
4. Date post RU-486 compl	ication began:	9/2/200	W	
5. Event(s) (Please check al	that apply):			
Incomplete abortion	Adverse	reaction to RU-486	Patient hospitalize	ජ
Patient received a transfusio	inSevere bleeding			
Other serious event (specify)	- Failed	MAB	7.40	
6. Duration of event:	<u></u>	Days		
7. Remarks:	7.541	The same of the sa		
	D; E			
8. a. Name of physician who	provided RU-486	_Cathe	rine Po	manos, ud
8. b. Physician's signature				1 (0), (10)
, and an angelor	Date		9/3/20	<u> </u>
Send completed forms to:	State Medica	al Board of Ohio	-	
	Legal Department	च्याचाचा चंदत्र चळा (११६६८) स		
	30 E. Broad St., 3rd F	loor	NAC	DICAL BOARD
	Columbus, OH 4321		IVIL	PIONE DONNE

SEP 0 9 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	7	24 2000)
	Month	Day Year	F
Name of medical practice or facility at a Women's Med Dayton	which RU-486 was provide	ed:	
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	which RU-486 was provid	led:	
4 Date nost RII-486 complication have	10/12/20		A
5. Event(s) (Please check all that apply):			~~~
Incomplete abornonAc	dverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe plee	eding		
Other serious event (specify)	failed m to)	
6. Duration of event: 24 Hours	Days		
7. Remarks;			
wncom	purched D:	E	
8. a. Name of physician who provided RU4	85 Cathon	de Romanos	
8. b. Physician's signature	Date	10/15/20	
Send completed forms to: State M	ledical Board of Ohio		
Legal Departme 30 E. Broad St.,		MEDICAL BOARD	

Columbus, OH 43215-6127

OCT 2 6 2020



(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	2020
	Month	Day	Year
7 Name of medical practice or facility	at which RU-486 was provide	ed:	Leat
Women's Med Dayton	p		
2 Address of the			
 Address of medical practice or facility 1401 E Stroop Rd 	ty at which RU-486 was prove	ied:	
Dayton, Ohio 45429	r		
4. Date post RU-486 complication bega	an: 8-17-2020	-	
5. Event(s) (Please check all that apply)			
Incomplete abortion (mulical)	Adverse reaction to RU-486	Patient hospitaliz	ed
Papent received a transfusion Severe	bleeding		
Other serious event (specify)			THE THE PARTY AND ADDRESS OF THE PARTY AND ADD
6. Duration of event: Hours	Days		
7. Remarks;	The state of the s		
D. (S - unicompli	rate of	
a. Name of physician who provided R	U-486 De Cathou	100 D	77.14
. b. Physician's signature	2 Carre	ine Ron	nanos
o, virystean's signature		MO	ba
	Date	8/19/	20
end completed forms to: Stat	e Medical Board of Ohio		
Legal Depar		ME	DICAL BOARD
30 E. Broad	St., 3 rd Floor	•	
	OH 43215-6127		AUG 2 4 2020



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

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	rided:	9	24	20
		Month	Day	
Name of medical pract	tice or facility at which R	U-486 was provide	ed:	Year
Women's Med Day	yton	,		
3 5 dalam - £ . 15 1				
3. Address of medical pra- 1401 E Stroop Rd	ctice or facility at which	RU-486 was provid	led:	
Dayton, Ohio 4542	9			
4. Date post RU-486 comp	olication began:	0/15/20		
5. Event(s) (Please check a				
Incomplete abortion	Adverse re	action to RU-485	_ Patient hospitalized	
Patient received a transfusi	on Severe bleeding			And the control of th
Other serious event (specify	u bal	ed mal)	and the same of th
Duration of event:	2 Hours	Days		
'. Remarks;				
				TO SELECT
				Andrew Andrews
a. Name of physician who		D.C.V.	12 0	
	provided KD-486	Roslyn.	rade.	
b. Physician's signature		Car	MD/D	<u> </u>
THAT I WAS A STATE OF THE STATE	Date _	10/	18/20	
nd completed forms to:	State Medical F	Board of Ohio		PARTY LANGUAGE CONTRACTOR OF THE PARTY CONTRACTOR OF T
	Legal Department	and the state of t		MEDIO
	30 E. Broad St., 3 rd Floo	Of	-	MEDICAL BOAR
	Columbus, OH 43215-			NOV 1 2 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RI-486

The state of the s				
1. Date RU-486 was provided:		9	201	20
	•	Month	Day	-av
2. Name of medical practice or faci	ility at which RU	-486 was provid	led:	Year
Women's Med Dayton		p. (= 1 m		
3. Address of medical practice ov to				
 Address of medical practice or factor 1401 E Stroop Rd 	cuity at which R	U-486 was provi	ided:	
Dayton, Ohio 45429				
4. Date post RU-486 complication b	egan: 10/8	9/20	And the second s	
5. Event(s) (Please check all that app	oly):			Market and the state of the sta
Incomplete abortion	Adverse reac	tion to RU-485	Pattent hospitaliz	e á
Patient received a transfusion Sev	/ere bleeding			
Other serious event (specify)				
Duration of event:Ho	ursD	Bys .	75574-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	***
. Remarks;		THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS		D. Canada Company of the public of the publi
A.P.		<u> </u>		
a. Name of physician who provided	RU-486	Rosly	n Ka	de
b. Physician's signature	<u> </u>	Caxe	MR /	00
The state of the s	Date	11/3/7	20	Agriculture Control Co
nd completed forms to: Si	tate Medical Bo	ard of Ohio		
Legal Dep				
30 E. Bro.	ad St., 3 rd Floor		N.A⊏	DICAL BOADS
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NOV 1 2 2020

Columbus, OH 43215-6127

Prescribed: 5/-/2011, Rev. 12/19/12



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:		6	2000
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provid	ed:	1441
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:	11/2/20	20	
5. Event(s) (Please check all that apply):			
∑ Incomplete abortion Ac	dverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe blee	eding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks;	A Marie Mari		
	2		
.a. Name of physician who provided RU-4	86 ROSLUM	o Kada	<i>P</i>
. b. Physician's signature	e. Can		
	Date 11320	20	
and completed forms to: State M	edical Board of Ohio		- V Minney
Legal Departme			
30 E. Broad St.,		MED	ICAL BOARD

NOV 1 2 2020

Columbus, OH 43215-6127

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		9	2020
Name of medical practice or facility at v Women's Med Dayton	which RU-486 was provid	pay ed:	Year
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was provide	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	10/16/20		
5. Event(s) (Please check all that apply):			
/	Verse reaction to RU-486	Patient hospitelize	ď
Patient received a transfusion Sevare bleet	ding		
Other serious event (specify)		No.	Alexandra de la companya de la comp
. Duration of event: Hours	Days		
. Remarks;			
a. Name of physician who provided 2048	6 Cather	no Pon	anos
b. Physician's signature	Date	10 69 01	20
Manual III	edical Board of Ohio	10 100	*

MEDICAL BOARD

NOV 1 2 2020

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-685

1. Date RU-486 was provided:	Mon	0	27	20
Name of medical practice or facility at Women's Med Dayton			Day	Year
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486	was provided	:	
Dayton, Ohio 45429				
4. Date post RU-486 complication began:	11/2/7	10		
5. Event(s) (Please check all that apply):		 	Providence of the second secon	
Incomplete abortion A	dverse reaction to	RU-486P	atient hospitalized	
Patient received a transfusion Severe ble	eding			
Other serious event (specify)				Manual Control of the
6. Duration of event: Hours	Days			
7. Remarks:	445 5114			
3. a. Name of physician who provided RU-43. b. Physician's signature	Date	Rosly	m Kad	le
end completed forms to: State N	Nedical Board of	Cohin		The state of the s

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-486

1. Date RU-486 was provided:		Month	20	20	
2. Name of medical practice or	facility at which		Đày vǐded:	Year	
Women's Med Dayton					
3. Address of medical practice of 1401 E Stroop Rd	or facility at whi	ch RU-486 was pro	ovíded:		
Dayton, Ohio 45429					
4. Date post RU-486 complication	on began:	1/24/20			California
5. Event(s) (Please check all that	apply);	11011			
incomplete abortion	Adverse	reaction to RU-486	Patient hospitaliz	ೀ ದ	
Patient received a transfusion	_Severe bleeding				
Other serious event (specify)					
6. Duration of event:	Hours	Days			
7. Remarks:	The second of th				
	uncampl	iraled suct	ia		al de la constante de la const
. a. Name of physician who prov	ided RU-486	Or Ca	Marian D	Ma osc	
b. Physician's signature			ANGUAL IN		
-	Date		12	13/27	
end completed forms to:	State Medica	al Board of Ohio			
Kay j	Department	·· ·			

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

DEC 09 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:		200	
	Month	QY	90
Name of medical practice or facility at Women's Med Dayton	which RU-486 was prov		Year
3. Address of medical practice or facility a 1401 E Stroop Rd	of which RU-486 was pro	w ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	1/4/21		
5. Event(s) (Please check all that apply):			
Incomplete abortionA	Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bie	eding		
Other serious event (specify)		***	
6. Duration of event: Hours	Days		
7. Remarks: fculed	Medication vent unce iration	A abortion	
aspi	ira-timphedi	cotton al	on-12
3. a. Name of physician who provided RU-4	485 Jeans	e Con	uin
3. b. Physician's signature	Coroma	Mon Moli	0.0
	Date	410071	-TA 61
	Medical Board of Ohio		The beautiful of the second of
Legal Departm	nent		

Columbus, OH 43215-6127

30 E. Broad St., 3rd Floor

MEDICAL BOARD

JAN 1 4 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-485

1. Date RU-486 was provided:		24	2020
	Month	Dav	Year
2. Name of medical practice or facility at	which RU-486 was provi	ded:	1.24
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:			
5. Event(s) (Please check all that apply):			
Incomplete abortion A	dverse reaction to RU-486	Patient hospitalize	d.
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
5. Duration of event: 1 Hours			
7. Remarks: appration	bortion.	ed to C	mp/ete
	Liothin.		prod
9	10 Comp	Michael	А
a. Name of physician who provided RU-4			
/ /	186 Jani	re Corwi	<u> </u>
b. Physician's signature	DIW	MO	0.0
	Date 12 1	2020	
and completed forms to: State IV	Medical Board of Ohio		
Legal Departm		ħ.A	
30 E. Broad St.			EDICAL BOARI
Columbus, OH			DEC 09 2020

Prescribed, 5/--/2011, 8ev. 12/13/22

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
Name of medical practice or facility:	at which RU-486 was pro	ovided:	
Women's Med Dayton			
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-486 was pi	rovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	101-12-20	ર /	
Event(s) (Please check all that apply):			
Incomplete abortion	. Adverse reaction to RU-486	Patient hospitaliz	e d
Patient received a transfusion Severe t	oleeding		
Other serious event (specify)	Continung	pregnancy.	forest managements.
6. Duration of event: Hours	Days		
7. Remarks:	WHEN THE PROPERTY OF THE PROPE	4 TO A STATE OF THE PARTY OF TH	
	·		
a. Name of physician who provided RL	1-486 Catheri	no Domono	
b. Physician's signature		ne Romano	77
	Date	7 /14/2	LDQ
end completed forms to: State	Medical Board of Ohio		
Legal Depart			
30 E. Broad	St., 3 rd Floor		

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:	12	17	2020
Name of medical practice or facility at white Women's Med Dayton	Month ich RU-486 was pro	Day vided:	YEST
3. Address of medical practice or facility at wi 1401 E Stroop Rd Dayton, Ohio 45429	hich RU-486 was pr	ovided:	
4. Date post RU-486 complication began: 12-19-20		Paddin	
5. Event(s) (Please check all that apply):	rse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe bleedir Other serious event (specify)			
6. Duration of event: 24 Hours	Days		
7. Remarks:	Obrated	suefich	And Annual Property of the Control o
8. a. Name of physician who provided RU-486 8. b. Physician's signature	Catherin	e Romanos Moj 12/6	MO 300 18/28
end completed forms to: State Med	lical Board of Ohio		**************************************

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 04 2021



(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
Name of medical practice or facility at which Women's Med Dayton	ch RU-486 was provid	ed:	
2 Address of such			
3. Address of medical practice or facility at wh 1401 E Stroop Rd	nich RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	12/28/20		
5. Event(s) (Please check all that apply):			The state of the s
/ Incomplete abortion Adver-	se reaction to RU-486	Patient hospitalized	ප්
Patient received a transfusion Severe bleeding	g		
Other serious event (specify)			***************************************
6. Duration of event: Hours	Days		/
7. Remarks:			
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2 a Biama of whysiology (1 16 . 5	$ \rho$	
B. a. Name of physician who provided RU-486. b. Physician's signature	COMPAN	L Komer	nos
Da	ite	> Tiel	
end completed forms to: State Medi	ical Board of Ohio		The state of the s

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 1 4 2021