

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

1. Date RU-486 was provided: July 15 2020
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
Your Choice Healthcare

3. Address of medical practice or facility at which RU-486 was provided:
6721 Karl Road
Columbus OH 43229

4. Date post RU-486 complication began:
July 22, 2020

5. Event(s) (Please check all that apply):
 Incomplete abortion Adverse reaction to RU-486 Patient hospitalized
 Patient received a transfusion Severe bleeding
 Other serious event (specify) Failed med AB / continuing pregnancy

6. Duration of event: 1 Hours 0 Days

7. Remarks: Reported med AB, successful without incident.

8. a. Name of physician who provided RU-486 L. Ann Nunnally, MD
8. b. Physician's signature [Signature] (M.D./D.O.)
Date 7.31.2020

Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

MEDICAL BOARD
AUG 13 2020