MEDICAL BOARD

FEB 0 3 2020

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1-30-20	Date RU-486 was provided:			
The founder's Women's Health Center 3. Address of medical practice or facility at which RU-486 was provided: 1243 & Broal St. Cots, OH 13305 4. Date post RU-486 complication began: 1-30-20 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 Red Red		Month	Day	Year
3. Address of medical practice or facility at which RU-486 was provided: 1243	2. Name of medical practice or facility at which I	RU-486 was provi	ded:	
1243 E Broaf St. Cots, OH 43265 4. Date post RU-486 complication began: 1-30-20 5. Event(s) (Please check all that apply): Incomplete abortion	The founder's Women's Head	14h Center		
4. Date post RU-486 complication began: 1-30-20 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) Falled Wedical Wowledge Other serious event (specify) Falled Wedical Wowledge Remarks) Falled Wedical Wowledge Other serious event (specify) Falled Wedical Wowledge Other serious event (specify) Falled Wedical Wowledge Other serious event (specify)	3. Address of medical practice or facility at	which RU-486 v	was provided:	
4. Date post RU-486 complication began: 1-30-20 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 Wedical wedical wedge of Duration of event: Hours 14 Days				
	4. Date post RU-486 complication began:		The second secon	
Patient received a transfusionSevere bleeding Other serious event (specify) Falled wedical wedical wedical wedge q Duration of event: Hours 14 Days Remarks) for 1 had falled wedge abortion can be was	5. Event(s) (Please check all that apply):			
Other serious event (specify) Failed wedical rebuster of Duration of event: Hours 14 Days Remarks) for 1 had failed wedical abortion cend was	Incomplete abortionAdverse r	eaction to RU-486	Patient hospitalized	
Duration of event: Hours 14 Days Remarks) for 1 land failed we direct abortion cen d was	Patient received a transfusion Severe bleeding			
Remarks, for I had fulled we direct aboution can I was	Other serious event (specify)	, led u	edical reb	vileo a
sent to The Women's Med Center in Double, Dless	6. Duration of event: Hours 14 D	ays		
sent to The Womens Med renter in Dogton, Olero	7. Remarks a freit had fuile	· d wedi	calabortio	by cend was
tot raiguel a DENTION	for rangues above	omens a	ded feut	ein Doepton, Olero
a. Name of physician who provided RU-486 NOST TOO REFER IND	 a. Name of physician who provided RU-48 	16 VOT 1	L. Joh Jetta	MD
16 00 01 11 6)	3. b. Physician's signature	ul D. Si	levelter	(M.D/D.O
Date (-30-70		Date <u>(-36</u>	7-70	

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	2017	7
		Month	Day	2020	-
2. Name of medical practice of	r facility at which RI	I-486 was provid		Year	_
The founders W	omen's Hea	Ath GR	eu: , •		
3. Address of medical practice 1243 E. Broad S Col's OH 4320	}	RU-486 was provid	ded:		
4. Date post RU-486 complicat		8.20			-
5. Event(s) (Please check all tha	t apply):				
Incomplete abortion	Adverse rea	ction to RU-486	_ Patient hospitaliz	ed	
Patient received a transfusion _	Severe bleeding				
Other serious event (specify)	FOULED	abortie	u		
6. Duration of event:	Hours 35	Days			
7. Remarks: Portreut o	liduit fol	1010-10 p 5	for cost	-ab care luation U.S.	J 7
and no	trans d Que	2/10/20	a post	-ao cou	
revealed	a Dweet	1 60 7 T	Dim-	toation U.S.	
8. a. Name of physician who pro	vided RU-486 Kar	Schaetter W	Duren's M	ed Center in	De tou a
8. a. Name of physician who pro	Our Schae	Hermo - 3-24-20	fre ruig	no abarteen	, .
Send completed forms to:	State Medical B	pard of Ohio			
Leg	al Department				

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

MEDICAL BOARD

MAR 2 7 2000

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

Date RU-486 was provided:		11/		
	Month	Day	20	
2. Name of medical practice or facility at which R			Year	
The Court	() CI	ied.		
The founder's Women's	Health (+	R.		
3 Address of modical auxiliary 6				
3. Address of medical practice or facility at	which RU-486 w	as provided:		
1243 E. Broad St.				
Columbia, OH 43205				1
4. Date post RU-486 complication began:				
3-3-20				
5. Event(s) (Please check all that apply):				
/ / / / / / / / / / / / / / / / / / /				
Incomplete abortionAdverse re-	action to RU-486	Patient hospitalize	d	
			-	
Patient received a transfusion Severe bleeding				
Other serious event (specify)				
1				
6. Duration of event: Hours 14 Da	ys			
7. Remarks: Patient had for well by Alud Med Leuder has 3. a. Name of physician who provided RU-486	1.9	1. 6	1 1 0	
intient had to	used wi	edical a	Doittoy and	
will be don't	- fa 1.		1 1 .	
Med Ceriles	Dant	uguest a	ibortion at	womens
3. a. Name of physician who provided RU-486	Kart	1 En		
s. a. rame of physician who provided Ro-486	- Mary	T. 760	after un	
3. b. Physician's signature Kac	10. Sch	raelfer	Suppo	
	oto 5) >	2.0		
V	are	-20		
nd completed forms to:			in the second se	Marie Control Control
St	ate Medical Bo	ard of Ohio		
i i				

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-486

1. Date RU-486 was provided:	03	19	2020
	Month	Day	Year
2. Name of medical practice or facility at which	ch RU-486 was prov	ided:	
The founder's Women's H	ealth Ctr.		
the cro dodiners (ica(i) cito		
3. Address of medical practice or facility at whe $1243 \in B(0aD St)$.	nich RU-486 was pro	vided:	
Columbus, OH 43205			
4. Date post RU-486 complication began:	5-24-20		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adver	se reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding	g		
Other serious event (specify)Facled	abortion		
6. Duration of event: Hours	7 Days		
7. Remarks: Poctient had Faile	d medical	abortion au	d will be
Deut for August &	bortion at	the Worked	s Wed Cerser
in Deyton, also.			
8. a. Name of physician who provided RU-486	Karl]	. Schaeffer	
100), Schaeffe ate 3-24-21		.0
District State Made	ate		

Send completed forms to:

State Medical 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

4 5 . 5				
1. Date RU-486 was prov	ided: -			
		Month	Day	Year
2. Name of medical pract THE FOUNDER!	ice or facility at which RU S WOMRO'S Heat	-486 was prov N CROTO	ided:	
3. Address of medical practical prac	ctice or facility at which RI St. Columbus	U-486 was pro	vided:	
4. Date post RU-486 comp 3-ン	lication began: 7-20 ev 3-28-2	20		
5. Event(s) (Please check a	ll that apply):			
Incomplete abortion	Adverse reac	tion to RU-486	Patient hospitalized	
Patient received a transfusion	on Severe bleeding			
Other serious event (specify	Failed	wedical	aborting	
. Duration of event:	Hours 14 D	ays		
Remarks: Paticent	veturaed on	4/9/20-	for follow-	UP
Parterit	had a turled	medica	l aboiteau	and
a. Name of physician who	sent To The 1	Dowen's	Hed Cenfer	u Dayton . C
a. Name of physician who	provided RU-486	Karl 7	. Schaeffe	1
b. Physician's signature	Karl-1 (ch	4-9-20	MD/D	0
nd completed forms to:	State Medical Bo	ard of Ohio		
	Legal Department	ara or Onio	*	•
	30 E. Broad St., 3 rd Floor			

Columbus, OH 43215-6127

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

MEDICAL BOARD

APR 1 3 2020

(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	
Name of medical practice or facility at which RU-486 was provided:	
The founder's Women's Health Ctr.	
3. Address of medical practice or facility at which RU-486 was provided:	
Columbus, OH 43205	
4. Date post RU-486 complication began:	
4-2-20	
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 Medical abortion	
6. Duration of event: Hours Days	
7. Remarks:	
Patrent sent to The Women's Oled Genter in Den	ytou
Olivo for occupied aboution	
8. a. Name of physician who provided RU-486 Karl & Sthap F& r	
8. a. Name of physician who provided RU-486 Karl & Sthaeffer 8. b. Physician's signature Carl Schaeffer. Md/D.O	
T) E	
Send completed forms to: State Medical Board of Ohio	
Legal Department	

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BU

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	04	7-3	20
	Month	Day	Year
2. Name of medical practice or facility at which	RU-486 was prov	vided:	
The founder's Women's Heat	th Center		
3. Address <u>Smedical practice</u> or facility at which	n RU-4 86 was pri	ञ्णांचंटचं.	
1243 E. Broad St. Columbu	5. OH 432	05	
4. Date post RU-486 complication began:	27-20		
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)Failed ab	portrou		
6. Duration of event: Hours	_ Days		
7. Remarks: Portient was sent to August abortion	Plauned	Parentleon	od for
mortical about the second		r Clareto	
8. a. Name of physician who provided RU-486	Appendix and the second	I Schaeffe	<i>V</i>
8. b. Physician's signature ((acl	D. Schae	Her MD/1	0.0
Date	5-7-26)	
Send completed forms to: State Medica	l Board of Ohio		
Legal Department			
30 E. Broad St., 3 rd Fl	oor		

Columbus, OH 43215-6127

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 the founder's women's He	h RU-486 was prov eIth Centl	rided:	
3. Address of medical practice or facility at wh 1243 E. Broad St. Colls, OH 43205	ich RU-486 was pro	ovided:	
4. Date post RU-486 complication began: 4-30-> 4-30-> 7-30-> 8-30-> 9-30			
5. Event(s) (Please check all that apply):			
Incomplete abortion Advers	e reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe bleeding	1		
Other serious event (specify) 7	ailed abort	tion	
6. Duration of event: Hours	Days		
7. Remarks: Patient will be at the Women's on 5-1-20	sent for Hed lende	surred a in Deyto	bostore u, Olero
8. a. Name of physician who provided RU-486	Karl	I Schoe	Ger
J. S. M. M. S.	Schneffer	(M.D)/	D.O
Da	te 4-30-9		
Send completed forms to: State Medi	cal Board of Ohio		
Legal Department	Floor	M	EDICAL BOARD

MAY 0 1 2020

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-486

1. Date RU-486 was provided:	04	30	2020
	Month	Day	Year
2. Name of medical practice or facili	ty at which RU-486 was prov	ided:	
The founder's Women's	s Health Ctr.		4.60
3. Address of medical practice or facility (1243 E. Broad St.	lity at which RU-486 was pro	vided:	
4. Date post RU-486 complication beg	gan: 5-14-20		
5. Event(s) (Please check all that apply	/):		
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	ı
Patient received a transfusion Sever	re bleeding		
Other serious event (specify)	Facled medic	al abortion	۸,
6. Duration of event: Hour	s <u>L-4</u> Days		
	for surjust of		iter ia
8. a. Name of physician who provided	RU-486 Karl I	Scharffe	1
1	Carl & Schools		
	Date 5-19-20		
Send completed forms to: Sta	ate Medical Board of Ohio		
Legal Depa	artment	MEDIC	AL BOARD
30 E. Broa	d St., 3 rd Floor		
Columbus	OH 43215-6127	MAY	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 which R The founder's Women's Health		d:	
3. Address of medical practice or facility at which	RU-486 was provid	ed:	
1243 E. Brow St. Col's, OH	43205		
4. Date post RU-486 complication began: 5-1	3-20		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse re	action to RU-486	Patient hospitalize	d
Patient received a transfusion Severe bleeding			
Other serious event (specify)Failed	Medical	abortio	u\
6. Duration of event: Hours7	Days		
7. Remarks:			`,`
Patient was sent to	, Women's	Med Ce	uter w
Dayton, Olivo for a	surgical i	abortion	
a. Name of physician who provided RU-486	Karl I	, Schaef	Ger-
b. Physician's signature (acl).	Schaeffer S-13-26		D.O
end completed forms to: State Medical	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 provid	ed:	05	12	2020
		Month	Day	Year
2. Name of medical practic	e or facility at which RU	l-486 was provid	ded:	
The founder's (Domen's Health	Center		
3. Address of medical practi	ice or facility at which R	U-486 was prov	ided:	
1243 E. Broad S	st. Columbus,	OH 4320	5	-
4. Date post RU-486 complie	cation began:	20		
5. Event(s) (Please check all				
Incomplete abortion	Adverse read	tion to RU-486	Patient hospitalized	
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	Failed c	ebortion	20 to The	rowing up pill
6. Duration of event:	Hours)ays		
7. Remarks: Patient Women	was sent for	er suga	ed celebrates	on to
. a. Name of physician who	provided RU-486	Ken	I Schaeft	Ger .
. b. Physician's signature	KallSch		M.O. / D	
		5-27-20		
end completed forms to:	State Medical Bo	oard of Ohio		
	Legal Department			
:	30 E. Broad St., 3 rd Floor			
	Columbus, OH 43215-6	127		MI BOARD

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

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:	05	26	2020
	Month	Day	Year
2. Name of medical practice or facility at which is The founder's Women's Hea		vided:	
3. Address of medical practice or facility at which	RU-486 was pro DUS, OH	ovided: 43205	
4. Date post RU-486 complication began:	-9-20		-
5. Event(s) (Please check all that apply):		-	
Incomplete abortion Adverse re	eaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify) faile c	l medica	al abortion	
6. Duration of event: Hours	_ Days		
7. Remarks: Patient will be si			
in Dayton, Olero	formson	gical aborto	u.
3. a. Name of physician who provided RU-486	Karl	I. Schae	
3. b. Physician's signature Date	6-9-28	(), -	.0
send completed forms to: State Medical	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		ed:	
The tounders Women	is Health Ctr		
3. Address of medical practice or facility			
1243 E. Brown St. (ES OH 13205)	
4. Date post RU-486 complication began	1:		
5. Event(s) (Please check all that apply):			
Incomplete abortion	_ Adverse reaction to RU-486	_ Patient hospitalized	ı
Patient received a transfusion Severe b	pleeding		
Other serious event (specify)	Failed abort	tion	
6. Duration of event: Hours	Days		
7. Remarks: Patreut was	sent for rug weaks Med Cent	ical about	ton Dhio.
3. a. Name of physician who provided RU	1-486 Karl I	. Schaer	Ger
	and Schaeffer	M.B./1	
, and a second s	Date 6-17-20		
end completed forms to: State	Medical Board of Ohio		
Legal Depart	ment		
30 E. Broad S	St., 3 rd Floor	6.4	EDICAL BOARD
Columbus, O	H 43215-6127	IVI	LUIOILL

JUN 2 4 2020