

MEDICAL BOARD

MAY 1 0 2021

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | Λοσι | 9 | 0001 |
|--|---|-----------------|--|
| | <u>ripri l</u> | 1 | 2021 |
| 2. Nome of modical acception of the | Month | Day | Year |
| Name of medical practice or facility at Women's Med Dayton | which RU-486 was provid | led: | |
| Women's Med Dayton | ************************************** | | |
| 3. Address of medical practice or facility a 1401 E Stroop Rd | at which RU-486 was prov | ded: | |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication began: | 21-30-200 | 21 | |
| 5. Event(s) (Please check all that apply): | Na 1999 - Carlon Car | | • • • • • • • • • • • • • • • • • • • |
| Incomplete abortion | Adverse reaction to RU-486 | Patient hospita | lized |
| Patient received a transfusionSevere bi | eeding | | |
| Other serious event (specify) | | | |
| 6. Duration of event: Hours _ | Days | | inen et en |
| 7. Remarks: | NEEDEN KATERA LAARDELINGUNG ALEM BILLEM BILLEM BILLEM KATERA KATERA KATERA KATERA KATERA KATERA KATERA KATERA K | | |
| LACO | mplicated such | <i>s</i> ra | |
| 8. a. Name of physician who provided RU |)486 Catherin | Roma | inos |
| 8. b. Physician's signature | | MC | 200 |
| | Date | 71/30/2 | 1 |
| Send completed forms to: State | Medical Board of Ohio | | |
| Legal Depart | | | |
| 30 E. Broad S | | | |
| Columbus, O | H 43215-6127 | | |

MAY 1 0 2026



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | _4 | 9 | 2021 |
|--|--|---------------------------------------|---|
| 2. Name of medical practice or facility a | Month t which RI I-486 was | Day ntovided | Year |
| Women's Med Dayton | | provided. | |
| 3. Address of medical practice or facility | at which DIL AGE | • • • • • • • • • • • • • • • • • • • | |
| 1401 E Stroop Rd | at which KU-46D Wa | s provideo; | |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication began | 4/19/2 | 021 | Next - ¹¹³ La grapping (Strangellen Konstern generalis), 113 also anno an 1993 (e e _{e constant} |
| 5. Event(s) (Please check all that apply): | / · | | ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩ |
| incomplete abortion | Adverse reaction to RU- | -485 Patient hospita | lized |
| Patient received a transfusionSevere b | leeding | | |
| Other serious event (specify) | an ang ang ang ang ang ang ang ang ang a | 1 | MAA almoyre spinistanting spinist |
| 6. Duration of event: Hours | Days | | |
| 7. Remarks: | | | ۵٬۵۵۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - |
| | brampli | rated suctra | |
| 8. a. Name of physician who provided RL | 1-485 Dr. Cath | erine fond | enos |
| 8. b. Physician's signature | (= | | 200 |
| | Date | | 4/30/21 |
| Send completed forms to: State | e Medical Board of C | Dhio | |
| Legal Depar | tment | | |
| 30 E. Broad | St., 3 rd Floor | | • |
| Columbus, (| OH 43215-6127 | | |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | 3 | Ч | 2021 |
|--|------------------------------|--|--|
| | Month | Qay | Year |
| 2. Name of medical practice or facility | at which RU-486 was pro | vided: | |
| Women's Med Dayton | | | |
| | | | |
| 3. Address of medical practice or facilit 1401 E Stroop Rd | ry at which RU-486 was pr | ovided: | 4999 00000 0000 |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication bega | m: 3/2/202 | 1 | |
| 5. Event(s) (Please check all that apply) | | • | |
| Incomplete abortion | | | |
| Kenne and a market a participation and a second state of the secon | Adverse reaction to RU-486 | Patient hospitalized | |
| Patient received a transfusion Severe | bleeding | | |
| | G | | |
| Other serious event (specify) | | | |
| | | | |
| 6. Duration of event: Hours | Davs | | |
| | | | an a |
| 7. Remarks: | - 2 0. | an a | n. 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |
| Dilation | ' metra | ~ | |
| | | | |
| 8. a. Name of physician who provided R | HILLAS Cotho | rine Roman | |
| 3. b. Physician's signature | | ind ruman | US |
| a ar envision s signature | | 2/ 2 Md /1 | <u> </u> |
| | Date | _3/a5721_ | |
| iend completed forms to: Sta | te Medical Board of Ohio | | |
| Legal Depa | ntment | | MEDICAL BOA |
| 30 E. Broad | f St., 3 rd Floor | - | MAR 31 2021 |
| Columbus, | OH 43215-6127 | | 5939 637. W/s |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | | 2 | 5 | - 21 |
|--|--|---|---------------------|---|
| | | Month | Day | Year |
| 2. Name of medical practice or facilit | y at which RU-4 | 186 was provided: | | |
| Women's Med Dayton | | | | |
| | ······································ | ······································ | | |
| 3. Address of medical practice or facili 1401 E Stroop Rd | ity at which RU | -486 was provided | 2. 2. | |
| Dayton, Ohio 45429 | | | | |
| 4. Date post RU-486 complication beg | ian: Q | 19/21 | , | |
| 5. Event(s) (Please check all that apply | /): | 9, m, mandala (1999, m, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 199 | | - Million Lain Ammunana, ann an Annaich Bàr Albhainn ann an Annaich Annaich ann an Annaich ann an Annaich ann a |
| mon incomplete abortion | Adverse reaction | on to RU-485F | atient hospitalized | |
| Patient received a transfusionSever | to bleeding | | | |
| Other serious event (specify) | | | | |
| 6. Duration of event: Hou | rs Da | 975 | | Hallooph da |
| 7. Remarks: | | 999993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 - 99993 | | |
| | | | | |
| | | | | |
| 3. a. Name of physician who provided | RU-488 | Couposin | e Roma | 2004 |
| 3. b. Physician's signature | / 1 | Entre | | 0.105 |
| . D. HASICIAN'S SIGNATURE | | | - mode | |
| | Date | |) | 1, 21 |
| end completed forms to: St | ate Medical Bo | ard of Ohio | | 9 |
| Legal Dep | artment | | | |
| 30 E. Broa | ad St., 3 rd Floor | | v | MEDICAL BOAR |
| Columbu | s, OH 43215-61 | 27 | | |
| | | | | FEB 2 2 202 1 |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided | | | Q | (| 21 |
|--|---|--|---|--|---|
| | | Month | О Дау | | Year |
| 2. Name of medical practice of Women's Med Dayton | r facility at which I | RU-486 was pro | vided: | | |
| 3. Address of medical practice 1401 E Stroop Rd | or facility at which | RU-486 was pri | ovided: | | 1995 - N. B. S. Barrell, S. B. S. Barre |
| Dayton, Ohio 45429 | | | | | |
| 4. Date post RU-486 complicat | ion began: | 216 | 21 | an an | ann a tha an ann ann an Ann |
| 5. Event(s) (Please check all the | et apply): | | | | |
| mana Incomplete abortion | Adverse n | eaction to RU-486 | Patient ho | spitalized | |
| Patient received a transfusion | Severe bleeding | | | | |
| Other serious event (specify) | an a | a an | | an a | • |
| 6. Duration of event: | Hours | _ Days | Hypothesis and a start of a second | •••••••••••••••••••••••••••••••••••••• | an man an a |
| 7. Remarks: | na na mana na m | na na sa | ************************************** | | |
| | | | | | |
| 8. a. Name of physician who pro | vided RH-486 | Mailhos | ino Dom | | |
| 8. b. Physician's signature | | | | MANDS | 9969 (1999 - |
| | Date | | | 2/18/2 | |
| iend completed forms to: | State Medical | Board of Ohio | | | |
| | gal Department | | | | |
| | E. Broad St., 3rd Flo | | | MED | ICAL BOARI |
| Co | lumbus, OH 43215 | 5-6127 | | ١ | MAR 0 1 2021 |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | april | 29 | 2021 |
|---|--|--|--|
| Name of medical practice or facili Women's Med Dayton | Month ty at which RU-486 was p | Day Provided: | Year |
| 3. Address of medical practice or fac 1401 E Stroop Rd Dayton, Ohio 45429 | | provided: | |
| 4. Date post RU-486 complication be | 5/3/202 | 21 | |
| 5. Event(s) (Please check all that app | ly): Adverse reaction to RU-4 | 186 Patient hospitaliz | red |
| Patient received a transfusion Sev | | | |
| Other serious event (specify) | | | 1997 - The State of S |
| 6. Duration of event: Ho | Urs Days | an a | |
| 7. Remarks: | uncomptration She | Acr | |
| 8. a. Name of physician who provide 8. b. Physician's signature | d RU-486 | herine 4 | 20manos 5/6/2021 |
| | State Medical Board of O | hio | n an |
| 30 E. Br | epartment oad St., 3 rd Floor os, OH 43215-612 7 | M | EDICAL BOMMAY 2 4 2021 |



23

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | 6 | 10 | 21 |
|---|---|--------------------|-------------|
| | Month | Day | Year |
| Name of medical practice or facility Women's Med Dayton | at which RU-486 was provide | ed: | |
| 3. Address of medical practice or facilit 1401 E Stroop Rd | y at which RU-486 was provi | ded: | |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication bega | 7(14/2) | | |
| 5. Event(s) (Please check all that apply) | ; | | |
| Incomplete abortion | Adverse reaction to RU-485 | Patient hornitalia | e. |
| incomplete abortion | MOVE/SE TEALTION TO NO-485 | Patient hospitaliz | Eu |
| Patient received a transfusion Sever | e bleeding | | |
| | | | |
| Other serious event (specify) | | | |
| | | | - <u>1</u> |
| 6. Duration of event: Hour | s Days | | |
| | | | |
| 7. Remarks: | juction (unca | al. color | (,) |
| , i i i i i i i i i i i i i i i i i i i | Juction Curica | puicted | |
| | \square | 0 | - |
| 8. a. Name of physician who provided | RU-488 (Couther | ine Rom | renos |
| 8. b. Physician's signature | 1 | + (MD) | 400- |
| | Date 7,05 | 21 | |
| Sand completed forms to: | tate Medical Board of Ohio | L | |
| And the second state of the second | partment | ME | DICAL BOARD |
| | ad St., 3 rd Floor | | |
| | us, OH 43215-6127 | | JUL 222021 |
| | and the state of the | | |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | July | 22 Day | 2021 |
|--|-------------------------------|--|--------------|
| 2. Name of medical practice or facility : | at which RU-486 was prov | to have a second in the second | 1 681 |
| Women's Med Dayton | | | |
| 3. Address of medical practice or facility 1401 E Stroop Rd | y at which RU-486 was pro | wided: | |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication bega | July 2M | ,2021 | |
| 5. Event(s) (Please check all that apply) | 0 | 1144 | |
| Incomplete abortion | Adverse reaction to RU-485 | Patient hospit | alized |
| Patient received a transfusion Severe | bleeding | | |
| Other serious event (specify)FW | iled MAB | | |
| 6. Duration of event: Hours | s Days | | 10 |
| 7. Remarks: | | | |
| | | | |
| | | | |
| 8. a. Name of physician who provided 1 | RU-486 Cotherin | re Romar | NOS MD |
| 8. b. Physician's signature | ya | 61 | 0,00 |
| | Date | 767/21 | |
| Send completed forms to: Sta | ate Medical Board of Ohio | | |
| Legal Dep | artment | ME | DICAL BOARD |
| 30 E. Broa | nd St., 3 rd Floor | | AUG 0 2 2021 |
| Columbus | , OH 43215-6127 | | |



(Required pursuant to R.C. 2919.123)

| Date RU-486 was provided: | 7 | 22 | 21 |
|---|------------------------------|---------------------|---|
| | Month | Day | Year |
| Name of medical practice or facility a Women's Med Dayton | at which RU-486 was prov | ided: | |
| 3. Address of medical practice or facility 1401 E Stroop Rd Dayton, Ohio 45429 | at which RU-486 was pro | ovided: | |
| 4. Date post RU-486 complication begar | n: 7/28/2 | 5 | |
| 5. Event(s) (Please check all that apply): | nan Nan State State | 184 L | The second se |
| X Incomplete abortion | _ Adverse reaction to RU-485 | Patient hospitalize | d |
| Patient received a transfusion Severe Other serious event (specify) 6. Duration of event: Hours | bleeding | | |
| | | | |
| 7. Remarks: 8. a. Name of physician who provided 1 | RU-485 Carte | roro Roy | nanos |
| 8. b. Physician's signature | Date | 7/29 | 51 |
| | Date | | 101 |

MEDICAL BOARD

JUN 2 4 2021



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | (0 | 1/ | 2021 |
|--|---------------------------|----------------------|--|
| | Month | Day | Year |
| 2. Name of medical practice or facility at v | which RU-486 was provide | d: | - 2017 Martin Barran |
| Women's Med Dayton | | | |
| 2 Address of modiation time (| | | ****** |
| 3. Address of medical practice or facility at 1401 E Stroop Rd | which RU-486 was provid | led: | |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication began: | 6/16/2021 | <u>4</u> | |
| 5. Event(s) (Please check all that apply): | | - | |
| Incomplete abortionAc | overse reaction to RU-485 | Patient hospitalized | i |
| Patient received a transfusion Severe blee | eding | | |
| Other serious event (specify) | | NART | Marth Vol |
| 6. Duration of event: Hours | Days | | Nanosananan, an |
| 7. Remarks: | | | |
| urc | empliated D | | |
| 8. a. Name of physician who provided RU-2 | :85 Cathert | Rom. | anos |
| 8. b. Physician's signature | | | |
| | Date lefteto | | |
| Send completed forms to: State N | Medical Board of Ohio | | n de la de |
| Legal Departm | hent | | |
| 30 E. Broad St | ., 3 rd Floor | × | |
| Columbus, OH | 43215-6127 | | |

JUN 24 2021



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | <u>05</u> | Day | 2021 |
|---|--|--|--|
| Name of medical practice or facility at which Women's Med Dayton | | | Year |
| 3. Address of medical practice or facility at which 1401 E Stroop Rd Dayton, Ohio 45429 | n RU-486 was prov | ded: | |
| 4. Date post RU-486 complication began: | 0/1/2/ | | <u>, and a second se</u> |
| 5. Event(s) (Please check all that apply): | | | 999 Ye (a constant and the specific and the |
| eners Incomplete abortion Adverse : | reaction to RU-485 | Patient hospitalized | 9 |
| Patient received a transfusionSevere bleeding | | | |
| Other serious event (specify) | | a an | 77777 Bill - ugam. |
| 6. Duration of event: Hours | Days | | ποτικά τη |
| 7. Remarks: | an a | | |
| | 0 | | |
| 8. a. Name of physician who provided RU-486 | Cashe | rine Re | manos |
| 8. b. Physician's signature Date | 2 | - (MD) 10[3] | 21 |
| Send completed forms to: State Medic | al Board of Ohio | | |
| Legal Department | | | |
| 30 E. Broad St., 3 rd F | loor | - | |
| Columbus, OH 432: | 15-6127 | | |

MEDICAL BOARD

JUN 2 4 2021



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | 3 | 12 | 21 |
|---|--|--|--|
| | Month | Day | Year |
| 2. Name of medical practice or facility | at which RU-486 was prov | ideơ: | , |
| Women's Med Dayton | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | **** |
| 3. Address of medical practice or facilit 1401 E Stroop Rd | y at which RU-486 was pro | vided: | |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication bega | n: 6321 | NY AR A LINE () | |
| 5. Event(s) (Please check all that apply) | • | ************************************* | |
| Incomplete abortion | Adverse reaction to RU-485 | fterstande fan en sen sen tro | |
| | wore seree for to ro-465 | Patient pospitalize | ď |
| Patient received a transfusionSevere | bleeding | | |
| | | | |
| Other serious event (specify) | | | |
| | <u></u> | 912-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| 6. Duration of event: Hours | Days | | |
| 7. Remarks: | | | |
| | 8 | | |
| | e uncomplicated | | |
| | <u> </u> | \sim | |
| 8. a. Name of physician who provided F | 10-485 <u>Cath</u> | wrine K | omanos |
| 8. b. Physician's signature | | | n n |
| | Date | $e 4 a_1$ | an a |
| Send completed forms to: Sta | ite Medical Board of Ohio | | |
| Legal Depa | | | |
| | d St., 3 rd Floor | - | |
| | , OH 43215-6127 | | |

MEDICAL BOARD

JUN 2 4 2021



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | | 06 | OH | 2021 |
|---|--|--|--|--|
| | | Month | Day | Year |
| 2. Name of medical practice or f | acility at which R | U-486 was provid | led: | ан на н |
| Women's Med Dayton | | | | |
| 2 Address of find | | | | |
| 3. Address of medical practice or 1401 E Stroop Rd | facility at which i | RU-486 was prov | ded: | |
| Dayton, Ohio 45429 | | | | |
| 4. Date post RU-486 complication | h began: $6/6$ | 9/a1 | ala an | |
| 5. Event(s) (Please check all that | apply): | | | |
| | | | | |
| Incomplete abortion | Adverse re | action to RU-486 | Patient hospitaliz | ed |
| Patient received a transfusion | Severe bleeding | | | |
| Other serious event (specify) | | | | |
| 6. Duration of event: | Hours | Days | | |
| 7. Remarks: | Ar ar sundhanna i i an an greathar a straightean an an a | an a | | |
| | D-E. | | | |
| 8. a. Name of physician who prov | ided RU-486 | Cathers | e Rona | 105, |
| 8. b. Physician's signature | | \sim | \sim | |
| furnes i va artistana antes anom | | 10/1 | 0/21 | <u> </u> |
| | Date | <u>_</u> | | |
| Send completed forms to: | | Board of Ohio | | |
| | l Department | | | |
| | . Broad St., 3 rd Flo | | | |
| Colu | mbus, OH 43215 | -6127 | | |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provid | ed: | 7 | 2 | 2021 |
|---|----------------------------------|----------------------|---------------------|------------|
| | | Month | Day | Year |
| Name of medical practic Women's Med Dayt | | h RU-486 was provid | led: | |
| 3. Address of medical pract 1401 E Stroop Rd Dayton, Ohio 45429 | ice or facility at whi | ich RU-486 was prov | ded: | |
| 4. Date post RU-486 compli | cation began: | 8-9-21 | 021 | |
| 5. Event(s) (Please check all | that apply): | | | |
| K Incomplete abortion | Advers | e reaction to RU-486 | Patient hospitalize | d |
| Patient received a transfusio | n Severe bleeding | | | |
| Other serious event (specify) | | | | |
| 6. Duration of event: | Hours | Days | ********* | |
| 7. Remarks: | D,C. | | | |
| 3. a. Name of physician who | provided RIL486 | Gather | me Ro | Nanos |
| 3. b. Physician's signature | Da | te | > 8/18 | 2/2/ |
| end completed forms to: | State Medi Legal Department | cal Board of Ohio | MEDIC | CAL BOARD |
| | 30 E. Broad St., 3 rd | Floor | | |
| | Columbus, OH 432 | | AUL | i 1 9 2021 |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | | I | 3 | 2021 |
|--|-------------------------|---------|--------------------|----------|
| Name of medical practice or facility at Women's Med Dayton | Mon t which RU-486 v | - 16 | Day d: | Year |
| 3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429 | | | | |
| 4. Date post RU-486 complication began: | 8-3-0 | 202 | .] | |
| Patient received a transfusion Severe bi Other serious event (specify) | | RU-485 | _Patient hospitali | zeci |
| 6. Duration of event: Hours _ | Days | | | |
| 7. Remarks: | | | | |
| 3. a. Name of physician who provided RU- 3. b. Physician's signature | A86 Cat | herine | Roman | |
| end completed forms to: State | Medical Board c | of Ohio | | 0001001 |
| Legal Departr 30 E. Broad S Columbus, Ol | | | | AL BOARD |

MEDICAL BOARD

AUG 3 1 2021



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | July 9 2021 |
|---|---|
| | Month Day Year |
| 2. Name of medical practice or facility at whi | ich RU-486 was provided: |
| Women's Med Dayton | |
| | |
| 3. Address of medical practice or facility at w 1401 E Stroop Rd | hich RU-486 was provided: |
| Dayton, Ohio 45429 | |
| 4. Date post RU-486 complication began: | 8-19-2021 |
| 5. Event(s) (Please check all that apply): | аран н _{а т} истиканан кан карандардан калан түрөөө калан түрдүү калан калардан калан түрөн кан түрөөр калан карандардар кылттар тү _{рө} өнөө |
| Incomplete abortion Adve | erse reaction to RU-486 Patient hospitalized |
| Patient received a transfusion Severe bleed | ing |
| Other serious event (specify) | |
| 6. Duration of event: Hours | Days |
| 7. Remarks: Dila | fian: Suchian. |
| 8. a. Name of physician who provided RU-48 | 86 Cathering Romances MD |
| 8. b. Physician's signature | Date |
| Send completed forms to: State M | ledical Board of Ohio |
| Legal Departme | ent |
| 30 E. Broad St., | , 3 rd Floor |
| Columbus, OH | 43215-6127 |



1

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provided: | 9 | 17 | 21 |
|---|--|--|--|
| | Month | Day | Year |
| 2. Name of medical practice or facility at | which RU-486 was pro | vided: | |
| Women's Med Dayton | | | |
| 3. Address of medical practice or facility a 1401 E Stroop Rd | t which RU-486 was pr | ovided: | |
| Dayton, Ohio 45429 | an a | | |
| 4. Date post RU-486 complication began: | (0/1 | 121 | |
| 5. Event(s) (Please check all that apply): | | | |
| X incomplete abortion | Adverse reaction to RU-485 | Patient hospitali | ized |
| Patient received a transfusionSevere bi | leeding | | |
| Other serious event (specify) | | and a second | 19 |
| 6. Duration of event: Hours | Days | | |
| 7. Remarks: Otilation | : sucha | | |
| 8. a. Name of physician who provided RI | U-486 at | herine * | onance |
| 8. b. Physician's signature | Date 0 | yai m | 2/00- |
| Send completed forms to: Stat | e Medical Board of Oh | | |
| Legal Depar | rtment | NA | EDICAL BOARD |
| 30 E. Broad | St., 3 rd Floor | | OCT 1 9 2021 |
| Columbus, | OH 43215-6127 | | 00119 2021 |



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

| 1. Date RU-486 was provided: | | 19 | 21 |
|---|--|-------------------|---|
| 194 | Month | Day | Year |
| Name of medical practice or facility a Women's Med Dayton | at which RU-486 was prov | vided: | |
| 3. Address of medical practice or facility 1401 E Stroop Rd | y at which RU-486 was pro | ovided: | |
| Dayton, Ohio 45429 | | | |
| 4. Date post RU-486 complication begar | " 11/24/2 | _ | |
| 5. Event(s) (Please check all that apply): | and the second s | | The second se |
| Incomplete abortion | _ Adverse reaction to RU-485 | Patient hospitali | zed |
| Patient received a transfusionSevere | bleeding | | |
| X Other serious event (specify) Failed | 1 Abortion | | |
| 6. Duration of event: Hours | Days | | |
| 7. Remarks: | | | |
| | | | |
| | | | |
| | | 0 | 0 |
| 3. a. Name of physician who provided R | 0-985 _ Cart | herine | Komanos |
| 3. b. Physician's signature | × Cor | - MO | 200 |
| () | Date # | 171321 | |
| end completed forms to: Stat | te Medical Board of Ohio | 10/0101 | |
| Legal Depai | | | |
| | í St., 3 rd Floor | | |
| | OH 43215-6127 | | DEC 1 5 2021 |
| | | | UEL 1 J LOLI |

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provi | ded: | 12 | 23 | 81 |
|--|-------------------------|---------------------------------------|--|-------------------------------|
| | | Month | Day | Year |
| 2 Name of medical practi | ice or facility at whic | h RU-486 was pro | vided: | |
| Women's Med Day | ton | | | |
| 3. Address of medical prac 1401 E Stroop Rd | tice or facility at wh | ich RU-486 was pr | ovided: | RA 1999 |
| Dayton, Ohio 45429 |) | | | |
| 4. Date post RU-486 comp | lication began: | 32 | | |
| 5. Event(s) (Please check a | | | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| Incomplete abortion | Advers | se reaction to RU-486 | Patient hospita | lized |
| Patient received a transfusi | an Severe bleeding | g | | |
| Other serious event (specify | /) | | | |
| 6. Duration of event: | Hours | Days | | |
| 7. Remarks: | | · · · · · · · · · · · · · · · · · · · | | 1. 1 |
| | uncerplic | cted Su | reticn. | |
| 3. a. Name of physician wh | o provided RU-486 | Catheore | B homano | 5 |
| 3. b. Physician's signature | | K | - (MP |) |
| | D | ate | 6 Ju | 122 |
| end completed forms to: | State Med | lical Board of Ohic | | 1 |
| | Legal Department | t | | |
| | 30 E. Broad St., 3' | ^d Floor | | |
| | Columbus, OH 43 | 3215-6127 | | FEB 1 1 2022 |
| | | | | has here of the second second |



(Required pursuant to R.C. 2919.123)

| December | 3 | 2021 |
|-------------------------------|---|---|
| | Day | Year |
| t which RU-486 was provided | d: | |
| | | |
| | | |
| 12/16/21 | | |
| - 4/10/41 | | |
| | | |
| dverse reaction to RU-486 | Patient hospitalized | i |
| | | |
| | . 0 | P |
| +80 <u>Callerin</u> | 1 Kana | 2 |
| | 601 | 0.0 |
| Date | J 12/1 | 4/21 |
| | | 1 / |
| Medical Board of Ohio | | |
| Medical Board of Ohio nent | | |
| nent | | |
| | | FEB 1 1 2022 |
| | Month Which RU-486 was provided: t which RU-486 was provided UQ/1Q/Q1 dverse reaction to RU-486 eding Days Sucfice 486 Cotherin | Month Day which RU-486 was provided: t which RU-486 was provided: |



(Required pursuant to R.C. 2919.123)

| 1. Date RU-486 was provide | ed: | _1[| 12 | 21 |
|--|--------------------------|-------------------------|--------------------|--|
| Name of medical practic Women's Med Dayte | | Month RU-486 was pro | Day vided: | Year |
| 3. Address of medical practi 1401 E Stroop Rd Dayton, Ohio 45429 | ice or facility at which | n RU-486 was pr | ovided: | |
| 4. Date post RU-486 complie | cation began: | 4/22 | | 1 |
| 5. Event(s) (Please check all | that apply): | | | ······································ |
| Incomplete abortion | Adverse r | reaction to RU-486 | Patient hospitaliz | ed |
| Patient received a transfusior | | | | |
| 6. Duration of event:] | Hours | _ Days | No | |
| 7. Remarks: | uncompte | etea Di | liction : Si | neti en |
| 3. a. Name of physician who | | | | Remanus |
| 3. b. Physician's signature | C = | $\underline{\sim}$ | | Da |
| | Date | · | - 1/5/22 | |
| end completed forms to: | | al Board of Ohio | - 1/5/22 | |
| end completed forms to: | | al Board of Ohio | - 1/5/22 | EB 1 1 2022 |