

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 - 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 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
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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