

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Name of medical practice or facility at which RU-Women's Med Dayton  Address of medical practice or facility at which RU-1401 E Stroop Rd Dayton, Ohio 45429  Date post RU-486 complication began:	J-486 was pro		Year
Women's Med Dayton  Address of medical practice or facility at which RL 1401 E Stroop Rd  Dayton, Ohio 45429  Date post RU-486 complication began:	J-486 was pro		
Address of medical practice or facility at which RL 1401 E Stroop Rd  Dayton, Ohio 45429  Date post RU-486 complication began:	11/202	ovided:	
1401 E Stroop Rd Dayton, Ohio 45429  I. Date post RU-486 complication began:  S. Event(s) (Please check all that apply):	11/202	ovided:	
Date post RU-486 complication began:  S. Event(s) (Please check all that apply):	II/QCAr	3	
5. Event(s) (Please check all that apply):	Tion to RU-486	3	
	tion to RU-486		
Incomplete abortion Adverse reac	tion to RU-486		
named to		Patient hospita	alized
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7 Computer 10 Com O	icated		
7. Remarks: Underwent uncompliant of after fair	led M	AB.	
DAC WITH			
8. a. Name of physician who provided RU-486	Keith	heisingar-1	lindle
8. b. Physician's signature	22	M	0/00
Date -	3/11		
Send completed forms to: State Medical			

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

APR 0 6 2022

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided #U-485

Date RU-486 was provided:	3	3	2022
	Month	Day	Year
Name of medical practice or facility at     Women's Med Dayton	which RU-486 was provide	ded:	
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	at which RU-486 was prov	/ided;	
4. Date post RU-486 complication began:	4/1/22		
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-485	Patient hospitali	zed
Patient received a transfusion Severe bi	leeding		
Other serious event (specify)			Mildelana maraning kanagan
6. Duration of event: Hours	Days		
7. Remarks:	ctica		
8. a. Name of physician who provided BL	-486	Zumani	5
8. b. Physician's signature	Date	41100	100
Send completed forms to: State	e Medical Board of Ohio	A CONTRACTOR OF THE PROPERTY O	and the same of th
Legal Depar	rtment		

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

APR 0 6 2022 STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-635

Date RU-486 was provided:	Month	- \O	99
2. Name of medical practice or facility at a			Year
Women's Med Dayton			
Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was prov	ided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	3/17/22		
5. Event(s) (Please check all that apply):	717,9	PAA .	,
Vicomplete abortion A	dverse reaction to RU-485	Patient hospitalize	ed
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			A.M.
6. Duration of event: Hours	Days		
7. Remarks:			
Su	cha		
B. a. Name of physician who provided RU-	486 Cather	ne Barran	(C)
B. b. Physician's signature	Date 3/17/20	> (MD)	
end completed forms to: State I	Medical Board of Ohio	(1)	

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MAR 2 1 2022 STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-485

1. Date RU-486 was provided:	Jan	210	2022
	Month	Day	Year
2. Name of medical practice or facility at w	hich RU-486 was provide	2d:	
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was provid	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began: 3/2/20			
5. Event(s) (Please check all that apply):			
Incomplete abornon Ad-	verse reaction to RU-485	Patient hospitalized	
Patient received a transfusion Severe blee	•	ed a st	
Other serious event (specify)	about	- Carlor	_
6. Duration of event: Hours	Days		
7. Remarks: UMCONY	11 cated	DAE	
O a blama of abusision de a constitution de la cons			
8. a. Name of physician who provided RU-4 8. b. Physician's signature	0	Corwin MO/10	
Send completed forms to: State M	Medical Board of Ohio		
Legal Departm			

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Columbus, OH 43215-6127

Presmood, 5/--/2011, 9ev. 12/13/12

MAR 2 1 2022

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	01	25	22
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provide	ded:	
Women's Med Dayton			
3. Address of medical practice or facility a	at which RU-486 was prov	vided:	
Dayton, Ohio 45429			# 28300
4. Date post RU-486 complication began:	3/16/22	,	
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-485	Parient hospitalia	zeá
Patient received a transfusion Severe b	leeding		
Other serious event (specify)			Mahamatan Mahamatan
6. Duration of event: Hours			
7. Remarks: Underwent after	uncomplicated M	DTE AR	
atter	railed		
8. a. Name of physician who provided R	U-486 Dr.	Reisinge	r-Kirdle
8. b. Physician's signature		MO	100
	Date3/16	122	
Send completed forms to: Star	te Medical Board of Ohio		
Legal Depa	rtment		

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

APR 0 6 2022



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	Month Day Year
Name of medical practice or facility at which     Women's Med Dayton	
Wollien's Med Dayton	
Address of medical practice or facility at wh     1401 E Stroop Rd	nich RU-486 was provided:
Dayton, Ohio 45429	
4. Date post RU-486 complication began:	}
5. Event(s) (Please check all that apply):	
Incomplete abortion Adve	rse reaction to RU-486 Patient hospitalized
Patient received a transfusion Severe bleeding	ng
Other serious event (specify)	
6. Duration of event: Hours	Days Days
7. Remarks: Patient presented Underwent uncon	with retained IUP. uplicated D+C.
8. a. Name of physician who provided RU-48	6 Keith Reisinger-Kinele
8. b. Physician's signature	Date 3/2/22
Send completed forms to: State Mi	edical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

FEB 17 2022

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided AU-485

1. Date RU-486 was provided:	01	21	22
	Month	Day	Year
Name of medical practice or facility at w     Women's Med Dayton	hich RU-486 was provid	ed:	
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was prov	ided:	
Dayton, Ohio 45429			# 19733
4. Date post RU-486 complication began:	1/31/22		
5. Event(s) (Please check all that apply):	iverse réaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe blee	eding		
Other serious event (specify)			
6. Duration of event: Hours	7 Days		
7. Remarks: ongoing he medication at Suction Del		ing of	fee vith,
8. a. Name of physician who provided RU- 8. b. Physician's signature	Con	6	100 2
Send completed forms to: State	Medical Board of Ohio		7,000

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

FEB 17 2022 STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-485

1. Date RU-486 was provided:	01	14	2022
	Month	Day	Year
Name of medical practice or facility at     Women's Med Dayton	t which RU-486 was provi	ded:	,
3. Address of medical practice or facility: 1401 E Stroop Rd	at which RU-486 was prov	vided;	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	3/8/20		
5. Event(s) (Please check all that apply):	- 01184		
×			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	ď
Potient received a top of			
Patient received a transfusion Severe bi	eeding		
Other serious event (specify)			
	-No.		
6. Duration of event: Hours _	Days		
7. Remarks:			
Ci of	icn		
J. C.			-
8. a. Name of physician who provided RU	-485 Cathe	cine Roi	manos, Mi
8. b. Physician's signature	$\frac{1}{2}$		
		SIND (MD.)	0.0
	Date	3/10/20	
send completed forms to: State	Medical Board of Ohio		
Legal Depart	mant		

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Columbus, OH 43215-6127

Prescribed, 57--/2011, Hev. 12/13/12

MAR 2 1 2022

STATE MEDICAL BOARD OF OHIO



(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	21
	Month	Day	Year
<ol><li>Name of medical practice or facility at</li></ol>	which RU-486 was prov	vided:	
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was pro	ovided:	100
Dayton, Ohio 45429			
4. Date post RU-486 complication began:			
	2/93		
5. Event(s) (Please check all that apply):			
Incomplete abortion	dverse reaction to RU-486	Patient hospitaliz	eď
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
uncapl	urcted Su	otica.	
B. a. Name of physician who provided RU	486 Catherine	3 homanos	)
B. b. Physician's signature	Date		122
end completed forms to: State I	Medical Board of Ohio		
Legal Departn			
30 E. Broad St	., 3 <sup>rd</sup> Floor		

Columbus, OH 43215-6127

FEB 11 2022



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provide	ed:	Decemb	00 0	5	2021
		Month	Day	)——	XCXI
Name of medical practice     Women's Med Dayto	e or facility at which	h RU-486 was pro	ovided:		Year
3. Address of medical practic	ce or facility at wh	ich RU-486 was p	rovided:		
Dayton, Ohio 45429					
4. Date post RU-486 complic	ation began:	-			
•	3	12/16/6	)(		
5. Event(s) (Please check all t	:hat apply):	4/11/10			
Incomplete abortion	Advers	e reaction to RU-486	Patient ho	spitalized	
Patient received a transfusion	Severe bleeding				
Other serious event (specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_
6. Duration of event:	Hours	Days			
7. Remarks:					
Wheen	plicated s	such con			
B. a. Name of physician who p	provided RU-486	Catt	erin Ran	nu	5
3. b. Physician's signature	Da		3	12/11	121
end completed forms to:				,0 110	
		cal Board of Ohio			
	egal Department 30 E. Broad St., 3 <sup>rd</sup>	Cl			
	or E. Bload St., 3"	Floor			

Columbus, OH 43215-6127

EEB 1 / 5055



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	11	24	2021
2 Name of modern	Month	Day	Year
Name of medical practice or facility at wh     Momon's Mod Floritor	ich RU-486 was pro-	vided:	
Women's Med Dayton			
3. Address of medical practice or facility at w 1401 E Stroop Rd	hich RU-486 was pro	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:		-	
01/04/22			
<ol><li>Event(s) (Please check all that apply):</li></ol>			"
Incomplete abortion Adver	rse reaction to RU-486	Patient hospitali	<b>Ze</b> ď
Patient received a transfusion Severe bleedin	ne.		
	iled a	Sortic	
5. Duration of event: Hours	Days		
7. Remarks: Theated		EC	and the second s
. a. Name of physician who provided RU-486	100-00		110
. b. Physician's signature		Comin	) MD
10	ate 1/9/	3d	
end completed forms to: State Med	lical Board of Ohio		

Legal Department 30 E. Broad St., 3'd Floor

Columbus, OH 43215-6127

FEB 11 2022

STATE MEDICAL BOARD OF OTHE

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provi	ded:		19	21
2 No		Month	Day	Year
Name of medical practi     Momon's Mod Day		h RU-486 was prov	vided:	
Women's Med Day	ton			inida in a still
<ol> <li>Address of medical practical 1401 E Stroop Rd</li> </ol>	tice or facility at whi	ch RU-486 was pro	ovided:	100
Dayton, Ohio 45429				
4. Date post RU-486 compl	ication began:	124/2	- [	
5. Event(s) (Please check al	I that apply):			
Incomplete abortion	Adverse	e reaction to RU-486	Patient hospita	alized
Patient received a transfusion	n Severe bleeding			
X Other serious event (specify)	Failed of	bortion		
. Duration of event:	Hours	Days		
7. Remarks:				
		A-1	0	1)
. a. Name of physician who	provided RU-485	- Carl	rerine	Komaros
.b. Physician's signature	Wat	e #	12/3/21 MO	0.0
end completed forms to:	State Medic	al Board of Ohio	10 10	
	Legal Department			
	30 E. Broad St., 3rd	Floor		

Columbus, OH 43215-6127

DEC 15 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	11	12	21
	Month	Day	Year
2. Name of medical practice or facility at a	which RU-486 was prov	rided:	(10)
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was pro	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:		1-11	All
OI	164/22		
<ol><li>Event(s) (Please check all that apply):</li></ol>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Incomplete abortion	dverse reaction to RU-485	Patient hospitalize	ed
Patient received a transfusion Severe blee	eding		
Other serious event (specify)	The same of the sa		
6. Duration of event: Hours	Days		
7. Remarks:			
linica	profes Di	heter: Su	netica
3. a. Name of physician who provided RU-4	86	Catherine	Remanis
B. b. Physician's signature	Date	1/5/27	200
end completed forms to: State N	Medical Board of Ohio		

FEB 1 1 2022

STATE MEDICAL BOARD OF ONIC

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

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

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided Ru-485

1. Date RU-486 was provided:	-1)	03	2021
	Month	Day	
Name of medical practice or facility a Women's Med Dayton	t which RU-486 was prov	vided:	Year
3. Address of medical practice or facility: 1401 E Stroop Rd Dayton, Ohio 45429	at which RU-486 was pro	ov ded:	
4. Date post RU-486 complication began:		7.1	
5. Event(s) (Please check all that apply):	11/29/21		
Incomplete abortion	Adverse reaction to RU-485	Patient hospitalize	ć
Patient received a transfusion Severe bid	eeding		
Other serious event (specify)	led abo	ntion	-Asi-
Duration of event: Hours _	Days		
7. Remarks: WMCer	nsticate	l, Dec	j.
a. Name of physician who provided RyJ- b. Physician's signature	486 Jeanne O Date 11/29/	- (MD)	00
nd completed forms to: State I	Medical Board of Ohio		
Legal Departn	nent		

30 E. Broad St., 3<sup>rd</sup> Floor Columbus, OH 43215-6127

DEC 15 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:	10 26 21
	Month Day
2. Name of medical practice or facility at	which RU-486 was provided:
Women's Med Dayton	
3. Address of medical practice or facility a 1401 E Stroop Rd	et which RU-486 was provided:
Dayton, Ohio 45429	
4. Date post RU-486 complication began:	11/1/2021
5. Event(s) (Please check all that apply):	
V	dverse reaction to RU-485 Patient hospitalized
Patient received a transfusion Severe ble	eding
Other serious event (specify)	
6. Duration of event: Hours	
710075	Days
7. Remarks:	
. a. Name of physician who provided RU-4	186 Klith Reisinger-Kindle
. a. Name of physician who provided RU-4	2 Product
	11/8/21 MD (DO)
. b. Physician's signature	Date 11/8/21 MD (0.0)
b. Physician's signature	Date (1/8/2) MD (D.O).  Medical Board of Ohio

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

NOV 16 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-485

1. Date RU-486 was provided:	/ Ø	U/ Day	21
<ol> <li>Name of medical practice or facility at v Women's Med Dayton</li> </ol>			Year
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	10/15/2	/	
5. Event(s) (Please check all that apply):			
Incomplete abortion Ac	dverse reaction to RU-485	Patient hospitaliz	red
Patient received a transfusion Severe blee	eding		
Lether serious event (specify) <u>Hema</u>	ctometra		
6. Duration of event: Hours	Days		
7. Remarks:			
3. a. Name of physician who provided RU-4	86 Jeanne	Coru	vM
B. b. Physician's signature	Date	MD	/00
end completed forms to: State N	Medical Board of Ohio		

Legal Department 30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

NOV 16 2021

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:	10	6	21
	Month	Day	Year
<ol><li>Name of medical practice or facility at</li></ol>	which RU-486 was provided:		
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	at which RU-486 was provide	d:	- Account of the Control of the Cont
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	10/12/21	Al	A STATE OF THE STA
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-485	Patient hospitalize	d
Patient received a transfusion Severe bi	eeding		
Other serious event (specify)			
6. Duration of event: Hours _	Days		
7. Remarks;		And the second s	7,000
	Ha.	1 /20	A\$ 0
8. a. Name of physician who provided RU	1-486 Jeans	e lovi	Urr)
8. b. Physician's signature	COL	(MO)	100-
	Date 10 18	421	
Send completed forms to: State	e Medical Board of Ohio	-	7 27 27 24 24 24 24 24 24 24 24 24 24 24 24 24
Legal Depar	tment		
30 E. Broad	St., 3 <sup>rd</sup> Floor		*
Columbus, (	OH 43215-6127		

OCT 27 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	October 1 2021
	Month Day Year
<ol><li>Name of medical practice or facility at s</li></ol>	which RU-486 was provided:
Women's Med Dayton	
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was provided;
Dayton, Ohio 45429	
4. Date post RU-486 complication began:	10/4/21
5. Event(s) (Please check all that apply):	
Incomplete abortion A	dverse reaction to RU-485 Patient hospitalized
Patient received a transfusion Severe ble	eeding
Other serious event (specify)	aled Medication
6. Duration of event:Hours _	Days
7. Remarks:	licated D4C
8. a. Name of physician who provided RU	-486 CORWIN
8. b. Physician's signature	Date 10 5 200
Send completed forms to: State	Medical Board of Ohio

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 1 9 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	9	17		21
- 11/442	Month	Day		Year
2. Name of medical practice or facilit	y at which RU-486 was	provided:		
Women's Med Dayton				
3. Address of medical practice or facil 1401 E Stroop Rd	lity at which RU-486 wa	as provided:	- Principality of the Paris	
Dayton, Ohio 45429				
4. Date post RU-486 complication beg	gan: ( 0 )	11/21	y Additional pass	Organistic Control of the Control of
5. Event(s) (Please check all that apply	y):			
X Incomplete abortion	Adverse reaction to RU	-485Patient ho	spītalized	
Patient received a transfusion Seve	re bleeding			
Other serious event (specify)				T-hangemen
6. Duration of event: Hou	urs Days			
7. Remarks; dílaho	n: Sucha			
8. a. Name of physician who provided	I RU-486	atherine	Kon	ancs
8. b. Physician's signature	Date	HJ21 6	MD/0	<u> </u>
Send completed forms to:	State Medical Board of	Ohio		The second secon
Legal De	epartment		MEDI	CAL BOARD
30 E. Bri	oad St., 3 <sup>rd</sup> Floor		MED	2021
Columbi	us, OH 43215-6127		(	ICT 1 9 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	9 7 71
	Month Day Year
2. Name of medical practice or facility at	which RU-486 was provided:
Women's Med Dayton	
3. Address of medical practice or facility a	at which RU-486 was provided:
Dayton, Ohio 45429	
4. Date post RU-486 complication began:	9/23/21
5. Event(s) (Please check all that apply):	
1 Incomplete abortion	Adverse reaction to RU-486 Patient hospitalized
Patient received a transfusion Severe b	leeding
Other serious event (specify)	
6. Duration of event: Hours	Days
7. Remarks:	
8. a. Name of physician who provided RU	U-486 Jeanne Corwin
8. b. Physician's signature	Date 9 29 202
Send completed forms to: State	e Medical Board of Onio
Legal Depar	
30 E. Broad	St., 3 <sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD



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

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	8	23	2021
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was pro	ovided:	
Women's Med Dayton			
3. Address of medical practice or facility a	at which RU-486 was p	rovided:	9440
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	9-1-202	1	
5. Event(s) (Please check all that apply):			
	Adverse reaction to RU-48	6Patient hospita	lized
Patient received a transfusion Severe b	leeding		
Other serious event (specify)			-
6. Duration of event: Hours	Days		
7. Remarks:			-
8. a. Name of physician who provided Ri	U-486 Keith-	Reisinger	Kindle DO
8. b. Physician's signature	Date 9/8	n/21	000
Send completed forms to: Stat	e Medical Board of Oh	lo	
Legal Dena	riment		

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 1 9 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	8	2	2021
	Month	Day	Year
<ol><li>Name of medical practice or facilities</li></ol>	lity at which RU-486 was provide	ed:	1001
Women's Med Dayton			
3. Address of medical practice or fa 1401 E Stroop Rd	cility at which RU-486 was provide	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication b	egan: 8-10-20	21	
5. Event(s) (Please check all that app			,,
Incomplete abortion	Adverse reaction to RU-486	Patient hespitalize	ed
Patient received a transfusion Sev	vare bleeding		
Other serious event (specify) Fail	ed MAB		
. Duration of event: Ho	urs Days		
. Remarks:	A Company of the Comp		1
a. Name of physician who provided	I DULLAS TO	0	
	1 RU-486 Deanne	Corwin	
b. Physician's signature		MD/	0.0
	Date & [[	1200	
nd completed forms to:	tate Medical Board of Ohio		
Legal De	partment	MEDIC	CAL BOARD
30 E. Bro	oad St., 3 <sup>rd</sup> Floor	A15	6 1 9 2021
	•	1111	4 1 51 /11/1

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided Ru-485

1. Date RU-486 was provided:	July	22 Day	2021
Name of medical practice or facility at w.     Women's Med Dayton	V	-	Year
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	which RU-486 was pro	vided:	
A Data and BH AGC and Burney	July 27	,2021	
5. Event(s) (Please check all that apply):	0 0	71-4	
Ad	verse reaction to RU-485	Patient hospital	ized
Patient received a transfusion Severe blee	ding		
Other serious event (specify)	d MAB		
6. Duration of event: Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-4 8. b. Physician's signature	Date Cotheriv	u Romani	
Send completed forms to: State N Legal Departm 30 E. Broad St.			DICAL BOARD AUG 0 2 2021
Columbus, OH	43215-6127		Hod o e sant

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	7	22	21
	Month	Day	Year
2 Name of medical practice or facility at	which RU-486 was provide	ded:	//
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was prov	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	7/28/2	1	
5. Event(s) (Please check all that apply):			1
✓ Incomplete abortion	dverse reaction to RU-485	Patient hospitalized	
Patient received a transfusion Severe ble	eeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
	7 17		
8. a. Name of physician who provided RU-	486 Cayter	Dos Kon	vanos
8. b. Physician's signature(	Date	7/29/	0/
Send completed forms to: State	Medical Board of Ohio		
Legal Departs			

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

AUG 0 2 2021

Prescribed, 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:	Nonth Day Veer
<ol><li>Name of medical practice or facility at which RU Women's Med Dayton</li></ol>	Tear
3. Address of medical practice or facility at which to 1401 E Stroop Rd	RU-486 was provided:
Dayton, Ohio 45429	/
4. Date post RU-486 complication began:	9/83/21
5. Event(s) (Please check all that apply):	
Adverse re	action to RU-486 Patient hospitalized
Patient received a transfusion Severe bleeding	
Other serious event (specify) Failed M	AO
6. Duration of event: Hours	_ Days
7. Remarks:	
8. a. Name of physician who provided RU-486 8. b. Physician's signature  Date	geanne Corwin

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 1 9 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:	July		021
2 Name of medical practice or facility a	Month()	The state of the s	Year
Women's Med Dayton	at which kowes was blok	naed:	
<ol> <li>Address of medical practice or facility 1401 E Stroop Rd</li> </ol>	at which RU-486 was pro	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	" M-22-202	,1	
5. Event(s) (Please check all that apply):			
incomplete abartion	Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
,			
, , , , , , , , , , , , , , , , , , , ,			
8. a. Name of physician who provided R	U-486 Jeann	e Corwin, Mi	D
8. b. Physician's signature	(0)	M0/00	
	Date	27/2021	
Send completed forms to: Stat		d #	
Legal Depa	te Medical Board of Ohio		
	i St., 3 <sup>rd</sup> Floor	WEDICAL BO	ARD
	OH 43215-6127		
Colol/lous,	011 49213-0171	AUG 0 2 202	1

AUG 3 1 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-485

1. Date RU-486 was provided:	July	9	2021
	Month V	Day	Year
<ol><li>Name of medical practice or facility as Women's Med Dayton</li></ol>	t which RU-486 was provid	ed:	
Wollien's Med Dayton			
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-486 was prov	ideď:	Y Cold Service Control of the Control of the Cold Service Control of the Control of th
Dayton, Ohio 45429			
4. Date post RU-486 complication began	: 8-19-208	21	
5. Event(s) (Please check all that apply):		A. 1.	A A A A A A A A A A A A A A A A A A A
Incomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	zed
Patient received a transfusion Severe i	leeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
	ilation: Suction		
	•	-	
	Call		
8. a. Name of physician who provided R	U-486 Catherin	& Romano	m)
8. b. Physician's signature		- WD	100
/period of the control of the contro	Date	2 8/19	120
Send completed forms to: Star	te Medical Board of Ohio		
Legal Depa	rtment		

30 E. Broad St., 3<sup>rd</sup> Floor Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided HU-485

1. Date RU-486 was provi	ided:		2	2021
		Month	Day	Year
<ol><li>Name of medical pract Women's Med Day</li></ol>	ice or facility at which F /ton	RU-486 was provide	ed:	1.00
3. Address of medical prac 1401 E Stroop Rd		RU-486 was provid	led:	
Dayton, Ohio 45429	)			
4. Date post RU-486 comp	lication began:	8-9-20	21	
5. Event(s) (Please check a	Il that apply):			
✓ Incomplete abortion		eaction to RU-485	_ Patient hospitalized	d
Patient received a transfusion	on 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	ne Roy	Vanos
3. b. Physicran's signature	Date .		8/12	20
end completed forms to:	State Medical	Board of Ohio		
	Legal Department		MEDIC	AL BOARD
	30 E. Broad St., 3 <sup>rd</sup> Flo	or		
	Columbus out as		AUG	1 9 2021

Columbus, OH 43215-6127

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

	ided:	June	29	2021
7 M		Worth	Day	Year
2. Name of medical pract	ice or facility at which F	RU-486 was provid	ded:	
Women's Med Day	/ton			
3. Address of medical prac 1401 E Stroop Rd	ctice or facility at which	RU-486 was prov	ded:	
Dayton, Ohio 45429				
4. Date post RU-486 comp	lication began:	10-202		
5. Event(s) (Please check a	Il that apply):		-	
X Incomplete abortion	Adverse re	eaction to RU-485	Patient hospitali	zed
Patient received a transfusion	on Severe bleeding			
Other serious event (specify				
5. Duration of event:	Hours	Days		
		***		
7. Remarks:				
7. Remarks:				
	provided RU-486	Jeanne	Corwin	)
7. Remarks:	provided RU-486	Jeanne	Corwin	
7. Remarks: . a. Name of physician who		Jeanne	Corwin	00
7. Remarks: . a. Name of physician who . b. Physician's signature	Date .	3		
7. Remarks: . a. Name of physician who	Date	Jeanne Board of Ohio	11 200 MD	
7. Remarks: . a. Name of physician who . b. Physician's signature	Date .	Board of Ohio	MEDICA	0.0



(Acquired pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	(0	1./	2021
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provi	ded:	
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:	6/16/202	1	
5. Event(s) (Please check all that apply):			
Incomplete abornon	Adverse reaction to RU-486	Patient hospitaliz	<b>e</b> d
Patient received a transfusion Severe bil	eeding		
Other serious event (specify)			
6. Duration of event: Hours _	Days		
7. Remarks:			
un	compliated D	٠ <u>:</u> ر	
3. a. Name of physician who provided RU	-486 Palkos	The Row	ranos
3. b. Physician's signature		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7
The state of the s	Date Loftst	21	
end completed forms to: State	Medical Board of Ohio		
Legal Departs	ment		
30 E. Broad S	it., 3 <sup>rd</sup> Floor		•
Columbus O	U 42310 6433		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	6	10	21
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provide	ed:	
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	et which RU-486 was provi	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	7/14/21		
5. Event(s) (Please check all that apply):			
✓ Incomplete abortion	Adverse reaction to RU-485	Patient hospitalize	ć
Patient received a transfusion Severe bloom	eeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
Su	uction (unco	.phrcfcol	' )
8. a. Name of physician who provided RU	-488 Catheri	ne Kom	enos
8. b. Physician's signature	1	(MD)	00_
	Date 7	21	
Send completed forms to: State	Medical Board of Ohio		
Lenal Canan		MED	ICAL BOADD

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

JUL 222021

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:	June	00	2021
	Month	Day	Year
2 Name of medical practice or facility :	at which RU-486 was provi	ded:	
Women's Med Dayton			
3. Address of medical practice or facility 1401 E Stroop Rd	y at which RU-486 was pro-	v ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	8-2-20	2/	100
5. Event(s) (Please check all that apply):			,
Incomplete abortion	Adverse reaction to RU-485	Patient hospitaliz	ted
Patient received a transfusion Severe t	bleeding		
Other serious event (specify)			
5. Duration of event: Hours	Days		
7. Remarks: incompl- to feta	ete passa l heartbe	age of-	tissure
. a. Name of physician who provided RL . b. Physician's signature	Jeanne Deanne	Corwin	/D.O
and annual and	Date 8-2-20	JUL	
	e Medical Board of Ohio		
Legal Depart	lment	MEDI	CAL BOARD

AUG 1 9 2021

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Columbus, OH 43215-6127

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



JUN 2 4 2021

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Olo	OU.	ลกลา
	Month	Day	Year
2. Name of medical practice or facility a	at which RU-486 was provide	led:	: 60)
Women's Med Dayton			
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-486 was prov	'ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	6/9/21		
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	ėd
Patient received a transfusion Severe b	pleeding		
Other serious event (specify)			***************************************
5. Duration of event:/_ Hours	Days		
7. Remarks:	the state of the s		
7. Remarks:	· E.		
7. Remarks:		a Rona	105.
7. Remarks:  A. Re		Ronar	<i>40</i> 5.
7. Remarks:		Mo	105 00
7. Remarks:  . a. Name of physician who provided RL . b. Physician's signature	J-486 Cathoria Date 4/0	Mo	105 200
7. Remarks:  . a. Name of physician who provided RL b. Physician's signature  and completed forms to:  State	Date U/O	Mo	105
7. Remarks:  . a. Name of physician who provided RL . b. Physician's signature	Date Violet Medical Board of Ohio	Mo	105 200



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	Month	3	2021
Name of medical practice or facility at     Women's Med Dayton		ded:	Year
<ol> <li>Address of medical practice or facility at 1401 E Stroop Rd</li> </ol>	t which RU-486 was prov	ded:	1
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	8-3-208	21	
5. Event(s) (Please check all that apply):			
Incomplete abortion Ac	dverse reaction to RU-486	Patient hospitalian	ut.
Patient received a transfusion Severe blee			id.
Other serious event (specify)			44.
5. Duration of event: Hours	Days		
7. Remarks:			
D: E	_		
. a. Name of physician who provided RU-4	85 Cathorine	Romano	
. b. Physician's signature		× 0	
	Date =	MODE	Olda
end completed forms to: State M	Date		000
	ledical Board of Ohio		
Legal Departm 30 E. Broad St.,		MEDICA	AL BOARD
Columbus OH		AUG	1 9 2021

Columbus, OH 43215-6127

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JUN 2 4 2021

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RIJ-486 was provided:	05 28 202   Month Day None
Name of medical practice or facility at women's Med Dayton	
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	t which RU-486 was provided:
4. Date post RU-486 complication began:	6/1/21
5. Event(s) (Please check all that apply):	
Incomplete abornon A	dverse reaction to RU-486 Patient hospitalized
Patient received a transfusion Severe ble	reding
Other serious event (specify)	
6. Duration of event: Hours	Days
7. Remarks:	
a. Name of physician who provided RU-	186 Catherine Romanos
B. b. Physician's signature	MOVED
	Date
end completed forms to: State 1	Medical Board of Ohio
Legal Departn	
30 E. Broad St	t., 3 <sup>rd</sup> Floor
Columbus, OH	H 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:	<u>april</u>	d G Day	2021
Name of medical practice or facility a     Women's Med Dayton	t which RU-486 was pro		Year
3. Address of medical practice or facility 1401 E Stroop Rd Dayton, Ohio 45429	at which RU-486 was pr	ovided:	
4. Date post RU-486 complication began:	2/3/2021		
5. Event(s) (Please check all that apply):  Incomplete abortion  Patient received a transfusion Severe bi  Other serious event (specify)		Patient hospitaliz	ed
6. Duration of event: Hours _	Days		
7. Remarks:	nemptrokel such	×4	
8. a. Name of physician who provided RU 8. b. Physician's signature	Date Call	ering of	manos 5/6/2011
Send completed forms to: State	Medical Board of Ohio	Control of the second of the s	

Legal Department

30 E. Broad St., 3'd Floor

Columbus, OH 43215-6127

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MAY 2 4 2021

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MAY 1 0 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 HU-485

1. Date RU-486 was provided:	FORT	9	2001
	Month	Day	<u> 2021                                   </u>
<ol> <li>Name of medical practice or facility at Women's Med Dayton</li> </ol>	t which RU-486 was provide	-	Year
3. Address of medical practice or facility: 1401 E Stroop Rd	at which RU-486 was provid	led:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	: 21-30-200	Ч	
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Severe bi	leeding		
Other serious event (specify)			
6. Duration of event: Hours _	Days		
7. Remarks:	Page 1917 Page 1		
hace	emplicated such	à	
3. a. Name of physician who provided RU	13486 Catherina	Roma	7.0N
3. b. Physician's signature	Date		/00
end completed forms to: State	Medical Board of Ohio	1	
Legal Depart	•		

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAY 1 0 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 HU-486

1. Date RIJ-486 was provided:	4	a	8021
	Month	Day	Year
<ol><li>Name of medical practice or facility at</li></ol>	which RU-486 was provide	ded:	
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was prov	/ded;	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	4/19/202	1/	***
5. Event(s) (Please check all that apply):			
Incomplete abortionA	dverse reaction to RU-486	Patient hospitalize	අර
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			- The state of the
6. Duration of event: Hours	Days		
7. Remarks;	Annual Company of the Policy o		
	brampi rated	d suctra	
3. a. Name of physician who provided RU-	486 Br. Ontherin	e tomas	rs.
3. b. Physician's signature	(		200
	Date		1/30/5/
end completed forms to: State t	Modient Boost of street		

Legal Department 30 E. Broad St., 3<sup>rd</sup> Floor Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided 80-485

1. Date RU-486 was provided:	_03	16	2021
<ol><li>Name of medical practice or facility at Women's Med Dayton</li></ol>	Month Which RU-486 was provid	Đay ed:	Year
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	t which RU-486 was prov	ded;	
4. Date post RU-486 complication began:	03-23-2	0001	
5. Event(s) (Please check all that apply):		1 No. 1	
Incomplete abortion A	dverse reaction to RU-486	Patient hospita	lized
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
a. Name of physician who provided RU-	486 Dr. Janua	o Cocus	in
s. b. Physician's signature	Date 3/26		)100
end completed forms to: State N	Medical Board of Ohio		

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

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

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MAR 3 1 2021

JUN 2 4 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 Bulass

1. Date RU-486 was provided:	3	18	21
	Month	Day	Y631
2. Name of medical practice or facility at 1	which RU-486 was provi	ded:	1801
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:	6/3/21		
5. Event(s) (Please check all that apply):			
Incomplete abortion A	and the second of the second o		
ACCOUNTS AND ACCOU	dverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe blee	eding		
Other serious event (specify)			
6. Duration of event: Hours	Davs		
7. Remarks:			-
D : 8	uncomplicated		
	, ,,		
3. a. Name of physician who provided RU-	185 OH	erine Ro	
B. b. Physician's signature			manos
or mysician's signature		1112 (11)/1	0.0
	Date	14/21	
end completed forms to: State N	Medical Board of Ohio		
Legal Departn	rent		
30 F Broad Se	ord Etnan	_	

30 E. Broad St., 3" 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:	3	4	2021
Name of medical practice or facility at Women's Med Dayton	Menth Which RU-486 was provid	Đaγ d <b>ed</b> :	Year
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was prov	rded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	3/2/2021		
5. Event(s) (Please check all that apply):	O joy o coot		
Incomplete abortionAc	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: Dilation 5	Snelva		
. a. Name of physician who provided RU-4	26 Louheri	ne Roman	os
b. Physician's signature	Date	3/25/21	* 1. A
end completed forms to: State M	ledical Board of Ohio		

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30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

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(Acquired pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RIJ-486 was provided:	2	25	2021
	Month)	Day	<u> </u>
2. Name of medical practice or facility at wh	ich RU-486 was provided		Year
Women's Med Dayton		,	
3. Address of medical practice or facility at w 1401 E Stroop Rd	hich RU-486 was provide	ď:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	3/11/2021		
5. Event(s) (Please check all that apply):			
X Incomplete abortion Adve	rse reaction to RU-486	Patient hospitalized	
Pahent received a transfusion Severe bleeding	ng		
Other serious event (specify)		<del></del>	
6. Duration of event: Hours	Days	77	
7. Remarks: Uncomplicati	Hed D&C		
8. a. Name of physician who provided RU-486	Slanne		A particular and the second and the
- 0	Date 3 16	7021	<u></u>
end completed forms to: State Med	dical 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:	_2	5	21
Name of medical practice or facility at which     Women's Med Dayton	) RU-486 was provid	Day ed:	Y£ar
3. Address of medical practice or facility at which 1401 E Stroop Rd	ch RU-486 was prov	ded;	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	2   9   2	2/	
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse	reaction to RU-486 _	Patient hospitalized	ď
Patient received a transfusion Severe bleeding			
Other serious event (specify)			-
6. Duration of event: Hours	Days		
7. Remarks:			
a. Name of physician who provided RU486	Collans	o Dama	
B. b. Physician's signature	- William	TO NO	
end completed forms to: State Medical		<u> </u>	11/21

State Medical Board of Ohio

Legal Department

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

MEDICAL BOARD

FEB 2 2 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided Ku-485

1. Date RU-486 was provided:	Month	8	31
Name of medical practice or facility at     Women's Med Dayton		Day vided:	Year
3. Address of medical practice or facility a 1401 E Stroop Rd	ot which RU-486 was pr	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	2/16/	2.1	445
5. Event(s) (Please check all that apply):		<u></u>	
Incomplete #bartion A	dverse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe ble	eeding		
Other serious event (specify)			
. Duration of event: Hours	Days		
. Remarks;	The state of the s	TELM SEALON COMPANY OF THE SEALON COMPANY OF	
a. Name of physician who provided RU-4	486 Cauhor	ire Roman	268
b. Physician's signature	Date		po
nd completed forms to: State N	Medical Board of Obio		

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30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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