#### State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	March	У	zon
	Month	Day	Year
2. Name of medical practice or facility at which		d:	STATE MEDICAL BOARD OF ONE
3. Address of medical practice or facility at			or one
6721 Kal Rd Colum	bus oil 43	irs	
4. Date post RU-486 complication began: 3-11-702レ			
5. Event(s) (Please check all that apply):	reaction to RU-486	Patient hospitalize	ed
6. Duration of event:   Hours O	Days		
7. Remarks: Patient did not Mike prisine. Vidre p  Nichward les a	upul dark	u.	
8. a. Name of physician who provided RU-	486 NIU	, An RODA	INC NO
8. b. Physician's signature	Date 3.2	1·n	<u></u>

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

## State Medical Board of Ohio Report of RU-486 Event

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

Date RU-486 was provided:	Feb	28	2072	
	Month	Day	Year	
<ol><li>Name of medical practice or facility at which R</li></ol>	LU-486 was pro	vided;		
Your Choic parthene	uc			
3. Address of medical practice or facility at				
6721 Karl Pd, Colu	bus 611	43229		
4. Date post RU-486 complication began:	3-7-22	V-111-2-11-2-11-2-11-2-11-2-11-2-11-2-1	,	
5. Event(s) (Please check all that apply):			,	
Carol	eaction to RU-486	Patient hospitalized		
,				
Patient received a transfusion Severe bleeding	,			
Other serious event (specify)				
6. Duration of event: HoursO	ays			
7. Remarks: Continuy presmy as	flu- Pe	part nikepro	sur / mos prised.	,
8. a. Name of physician who provided RU-4	86 <u>L</u> .	An Nunal	, MS	
8. b. Physician's signature	B		M.D/D.O	
	vare			
end completed forms to:	State Medica	al Board of Ohio		
Legal D	epartment			

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MAR'T 6 2022 STATE MEDICAL BOARD OF ONIO

# State Medical Board of Ohio Report of RU-486 Event

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

Date RU-486 was provided:	Dec	. 21	2021	
2 N - 2 - 1 - 1	Month	Day	Year	
2. Name of medical practice or facility at				
Your Choire K.	erMaie Ll		\	
2 414				
3. Address of medical practice or fac			and a second of	
6721 Karl Rd,	Coludis	ou 432	29.	
4. Date post RU-486 complication be	egan:			
1.5.2	022			
5. Event(s) (Please check all that app	oly):			
K Incomplete abortion	Adverse reaction to RU-486	Patient höspitalize	d	
	· ·			
Patient received a transfusionSevere	bleeding		144666	
Other serious event (specify)				
6. Duration of event: Hours	O Days			
7. Remarks:		· · · · · · · · · · · · · · · · · · ·		
Falch MAB.	medialin	repared to	succes.	
8. a. Name of physician who provide	d RU-486	VICIAN RO	Muse A	
,	V	7		
8. b. Physician's signature		4	O.O	
	Date	1.12.2022		
end completed forms to:	State Medica	l Board of Ohio		
		would by Auto		
	Legal Department			,

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

JAN 24 2022

## State Medical Board of Ohio

Report of RU-486 Event

DEC 1 0 2021

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided: 9 7 2021
Month Day Year
2. Name of medical practice or facility at which RU-486 was provided:
Your Choice Healthcare, LC
3. Address of medical practice or facility at which RU-486 was provided:
4. Date post RU-486 complication began: 9/22/2021
4. Date post RU-486 complication began: 9 22 2021
5. Event(s) (Please check all that apply):
Incomplete abortionAdverse reaction to RU-486Patient hospitalized
Patient received a transfusion Severe bleeding
Other serious event (specify)
6. Duration of event; Hours 5 Days
7. Remarks: Reffered for SAB
8. a. Name of physician who provided RU-486 WILLIAM RODUC C.  8. b. Physician's signature Date II IV 2021

Send completed forms to:

State Medical Board of Ohio

**Legal Department** 

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

### State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Month	J U Day	ZoZ/ Year
2. Name of medical practice or facility at which R	The state of the s		rear
You Choice Kaltran			
	· ····		
3. Address of medical practice or facility at 1 6721 Karl Bal	which RU-486 w	as provided:	
Columbus oil 43229			
4. Date post RU-486 complication began:			
June 18, 20	21		
5. Event(s) (Please check all that apply):			
LIncomplete abortionAdverse re	eaction to RU-486	Patient hospitalize	d .
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: 1 Hours 0 D	ays		
7. Remarks: Failed mAB. P.a.	first elect	ing to con	vice presnanz.
8. a. Name of physician who provided RU-4	86 <u>L. A</u>	an Nun	edy, no
8. b. Physician's signature	Date	6-18-21	
Send completed forms to:	Étata Madisal		

State Medical Board of Ohlo

**Legal Department** 

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

**MEDICAL BOARD** 

JUN 2 3 2021

# State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	June	8	2021	
	Month	Day	Year	····
2. Name of medical practice or facility at which	RU-486 was provid	led;		
Your Chane Karttua	ne uc		٠	
3. Address of medical practice or facility at	: which RU-486 v	vas provided:		
6721 Kav1 Rd.	Columbus	or y	3229	
4. Date post RU-486 complication began: 6/30/2/				
5. Event(s) (Please check all that apply):		•		
failul	•			
P Incomplete abortionAdverse	reaction to RU-486	Patient höspiteliz	ed .	
•	•			
Patient received a transfusion Severo bleeding	•			-
Other serious event (specify)				
One serious event Obeolth				
6. Duration of event: HoursO	Days			
7. Remarks: Failed mAB. 12ch	ernal pali	is for an	gal AB ar a	nohu
8. a. Name of physician who provided RU-4	186 <u>L.A</u>	. Nunnale	j mo	
8. b. Physician's signature	16			
and the second of the second o	Date /			•
	Date	0.30.21		
		***********		
end completed forms to:				

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD
JUL 07 2021