

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provi	ded:	01_	<u> </u>		2017
		Month	Day	•	Year
2. Name of medical pract Planned Parel	ice or facility at which RU-4 NHNOOD East	486 was pr SUM	ovided:		
3. Address of medical prac	ctice or facility at which RU	406			
3255 East M	ain St., Colur	1110US,	Chic 4	13213	3
4. Date post RU-486 comp	lication began: 1/23	17			
5. Event(s) (Please check a	ll that apply):	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
X Incomplete abortion	Adverse reacti	ion to RU-48	6 Patient hos	pitalized	
Patient received a transfusi	on Severe bleeding				
Other serious event (specify	1)				_
6. Duration of event:	Hours Da	ays			
7. Remarks:					
DtC after Inc	complete Med	ticati	on Abou	tion	
8. a. Name of physician wh	o provided RU-486	Cather	ine Ron	annas)
8. b. Physician's signature		· (10/10/2	
	Date —			4D/DO 750/1-7)
Send completed forms to:	State Medical Boa	ard of Ohio)		
	Legal Department				
	30 E. Broad St., 3 rd Floor		MEDICAL	SOARD	·
•	Columbus, OH 43215-61	.27	EER 0.1		



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

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provid	
	Month Day Year
2. Name of medical practice Planned Parén	e or facility at which RU-486 was provided: HNCOCLEUST SUNGIA
3 Address of medical practi	ce or facility at which RU-486 was provided:
	ain St., Columbus, Chio 43213
4. Date post RU-486 compli	cation began: $01/24/17$
5. Event(s) (Please check all	that apply):
Incomplete abortion	Adverse reaction to RU-486 Patient hospitalized
Patient received a transfusion	nSevere bleeding
Other serious event (specify)	Failed Medication Abortion
6. Duration of event:	HoursDays
7. Remarks: D+C af	ter failed medication abortion
8. a. Name of physician who	provided RU-486: Catherine Romanos
8. b. Physician's signature	MA (DO
,	Date
Send completed forms to:	State Medical Board of Ohio
	Legal Department
	30 E. Broad St., 3 rd Floor
	Columbus, OH 43215-6127 MFO(CA) BOART
Prescribed: 5//2011 Page 12/12/12	FEB 01 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:		19	2017
	विचार	Month	Day	<u> </u>
2. Name of medical practice Planned Part	e or facility at which I	RU-486 was provi UST - SUV	ded: Jical	
3. Address of medical practi 3255 East M	- · · · · · · · · · · · · · · · · · · ·			13
4. Date post RU-486 compli	cation began:	30/17		
5. Event(s) (Please check all	that apply):	•		
Incomplete abortion	Adverse r	reaction to RU-486	Patient hospitalize	d
Patient received a transfusion	n Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	_ Days		
7. Remarks: Incomplete MA	B Réquirin	9 050	·	
8. a. Name of physician who	provided RU-486	Cattrevir	re Roman	îs
8. b. Physician's signature	Date		9 19 VI	no
Send completed forms to:		al Board of Ohio	<i></i>	
, == , = ,	Legal Department	ar board or Onio	•	
•	30 E. Broad St., 3 rd F	loor		
	Columbus, OH 4321	15-6127	MERCICAL	SCIARD
			FEB 2	2 2017

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



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	\mathcal{Q}		((2017
	Month		Day	Year
2. Name of medical practice or facility at w Plunned Purentheed -	thich RU-486 was East SUK	provided:		
3. Address of medical practice or facility at	which RU-486 wa	ıs provided:		
3255 East Main St., (. 4321	3
4. Date post RU-486 complication began:	2/14/17			
5. Event(s) (Please check all that apply):				
Incomplete abortion Ad-	verse reaction to RU	-486 Pa	tient hospitalized	
Patient received a transfusion Severe blee	ding			
X Other serious event (specify) Failed	Medicatio	n Ab	outien	
6. Duration of event: Hours	<u>Days</u>			
7. Remarks: Failed Medication	en Abort	ion -	·	
8. a. Name of physician who provided RU-4.	86 _		ROMCUA	
8. b. Physician's signature		2	MD./I	
	Date		2/21/1	7
Send completed forms to: State N	Nedical Board of (Ohio	,	
Legal Departm			MTDII AL S	30ARD
30 E. Broad St.	, 3 rd Floor			
Columbus, OH	43215-6127		FEB 22	2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provi	ded:	2	23	HAN ARREST
		Month	Day	Year
2. Name of medical practi	ce or facility at which RU-4 Pare thood	86 was provid	ed:	
3. Address of medical prac	tice or facility at which RU-			
4. Date post RU-486 comp	lication began:			
5. Event(s) (Please check a	ll that apply):			
Incomplete abortion	Adverse reacti	on to RU-486	Patient hospitalized	
Patient received a transfusion	on Severe bleeding			
Other serious event (specify)			
6. Duration of event:	Hours Da	ys		
7. Remarks: Merk A	Bincomplete	Miso	repeat dus	ing.
8. a. Name of physician wh	o provided RU-486	Zomano	<u>)</u>	
8. b. Physician's signature	Date —		MD/D 3/7/	o
send completed forms to:	State Medical Bo Legal Department	ard of Ohio		
	30 E. Broad St., 3 rd Floor Columbus, OH 43215-61	.27	MEDICAL BO	ADD
			MAR 1 7 2017	

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:		63	30	2017
		Month	Day	Year
2. Name of medical practice or	facility at which I	RU-486 was prov	ided:	
Manned Pareni				
3. Address of medical practice o	r facility at which ないう られ(RU-486 was pro	vided: 1/37	1.(3
4. Date post RU-486 complicatio	n began: 니/	3/17		
5. Event(s) (Please check all that	apply):			
Incomplete abortion	Adverse r	eaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion	_Severe bleeding			
Other serious event (specify)				· · · · · · · · · · · · · · · · · · ·
6. Duration of event:	Hours 5	_ Days		
7. Remarks: Dic perfund	, uncu	mpV cake	<i>A</i> .	
8. a. Name of physician who prov	vided RU-486	Catherin	a formani	S
8. b. Physician's signature _	Date		S WY	1417
Send completed forms to:	State Medica	l Board of Ohio	-	
Leg	al Department			
30 I	. Broad St., 3 rd F	loor	n amount (phy A !	BOARD
Coli	umbus, OH 4321	5-6127		
			ADR (7 2017

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



(Required pursuant to R.C. 2919.123)

			•
1. Date RU-486 was provided:	A. Dril	24	2017
	Month	Day	- 101 / Van-
2. Name of medical practice or facility at which RU- Planned Parenthood Eust	-486 was provid		Year
3. Address of medical practice or facility at which RU	· ·	.*	
3255 E. Main St. Columb		1	Andrews
4. Date post RU-486 complication began: 5 / 1 / 7	•		
5. Event(s) (Please check all that apply):		•	MEDICA
Incomplete abortion Adverse read	ction to RU-486	Patient hospitalized	MAY 1 2 20
Patient received a transfusion Severe bleeding			S STORY OF STREET
Other serious event (specify)			
6. Duration of event: N A Hours	Days	1	
7. Remarks: Troomplete MAB, Dd	c perfor	med 5/9/17	
			·
8. a. Name of physician who provided RU-486	Komo	inos	
8. b. Physician's signature		Ma Dag	
Date —		51	9/7
Send completed forms to: State Medical E	Board of Ohio		
Legal Department		AMED	ICAL BOAF
30 E. Broad St., 3 rd Floo	or	A I Sem ye.	
Columbus, OH 43215-	6127	1	_{vi} , 2, 201 7
Prescribed: 5//2011, Rev. 12/13/12		, · ·	



(Required pursuant to R.C. 2919.123)

				•
1. Date RU-486 was provid	led:	Tune		2 (2) 2
		Month	Day	2017
2. Name of medical practic	ce or facility at which	RU-486 was provid	,	Year
E,	3St Sumir	Ctr Dia	1 00 -	((((((((((
	ast Surger	901. ra	rmed fure	nthoad
3. Address of medical pract	ice or facility at which			
1 5255 E. Mai	hst.			
C	olumbus,	OH 43217		
4. Date post RU-486 compl				
		19117	1 a a a a a a a a a a a a a a a a a a a	
5. Event(s) (Please check al		1,11		
	renac apply);			
Incomplete abortion	Adverse	reaction to RU-486	Patient hospitalize	ď
				- -
Patient received a transfusion	n Severe bleeding			
1	. 1			
Other serious event (specify	Lema	tometra		
(opeany		TOTELL		
6. Duration of event:	Hours	Days		
7 Remarks: O				
7. Remarks: Patient	had aspi	ration on	0 9/17	
-	ſ		,	
Q a Name of physician I		7/00/D 01	1 00	
8. a. Name of physician who	provided RU-486	Cuthen	he Raman	nas
8. b. Physician's signature			(ND	<u> </u>
	Dat	te	11417	
Send completed forms to:				
sens completed forms to:		cal Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd		MEDICAL BOY	A Section of
	Columbus, OH 432	215-6127		
			JUN 1 9 2017	
Prescribed: 5//2011, Rev. 12/13/12				



(Required pursuant to R.C. 2919.123)

4 5 1 211 4 2			•
1. Date RU-486 was provided:	June	7	2017
	Month	Day	Year
2. Name of medical practice or facility at which RU Planned Paventhoed	-486 was provid East	led:	real
3. Address of medical practice or facility at which R	U-486 was prov	ided:	
2055 6 1		SOH L	13213
4. Date post RU-486 complication began: (0 21 17 4+	•	ollow uf	
fuled		[
Adverse read	ction to RU-486	Patient hospitali	zed .
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: Surgical AB after	nedical	AB on	6/22/17
	Ca	herine	
8. a. Name of physician who provided RU-486	Long	anos	
8. b. Physician's signature		Mo	400
Date -		6/27/1	
Send completed forms to: State Medical	Board of Ohio		
Legal Department			
30 E. Broad St., 3 rd Flo	or		
Columbus, OH 43215-			
•		MEDICAL 8	JOARD
Prescribed: 5//2011, Rev. 12/13/12			
		JUN 28;	2017



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

To be completed by the physician who provided RU-486

			12	•
1. Date RU-486 was provid	led:	June	26002	017
		Month	Day	Year
2. Name of medical practic	ce or facility at which RU Linent hood Ed	J-486 was provid ASH	led:	IGai
3. Address of medical pract	tice or facility at which F	RU-486 was prov	ided:	
			lueu.	
3255 E. Mair	18t. Colur	nbus of	43213	
4. Date post RU-486 compl	ication began: Tune 26	•		
5. Event(s) (Please check al	I that apply):			
Incomplete abortion		ection to RU-486	Patient hospitalized	
Patient received a transfusion	on Severe bleeding			
Other serious event (specify)			
6. Duration of event:	Hours	Days		
7. Remarks:				
le/2le-8urg	ical AB after	rinum	plate Mcd	AB
8. a. Name of physician wh		[all a	· 10 -	•
8. a. Name of physician who	o provided RU-486	Lumann	e Kananes	
8. b. Physician's signature		1		
			(000/00	_ 0
,	Date -		0/20/17	er
Send completed forms to:	State Medical	Board of Obio	. 1.	27/7
	Legal Department		4/0	7 / /
	30 E. Broad St., 3 rd Flo	or		
	Columbus, OH 43215	į.	MEDICAL BO	ARD
Prescribed: 5//2011 Pay 12/12/12			JUN 2 8 201	7

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(Required pursuant to R.C. 2919.123)

				•
1. Date RU-486 was provi	ded:		23	17
		Month	Day	Year
2. Name of medical practi East P	ce or facility at which	h RU-486 was provid CntL&d	ded:	tear
3. Address of medical prac	tice or facility at whi	ch RU-486 was prov	ided:	
3255 B.M	arh St.	Columbu	S,0H 433	213
4. Date post RU-486 comp	lication began:	7117		
5. Event(s) (Please check a	ll that apply):			
Incomplete abortion	Advers	e reaction to RU-486	Patient hospitaliz	ed • • • • • • • • • • • • • • • • • • •
Patient received a transfusi	on Severe bleeding			
Other serious event (specifi	, failed	MAB		
6. Duration of event:	Hours	Days		
7. Remarks	n 7/3/17 a	t MAB Bil	ow up app	h ₃
8. a. Name of physician wh	o provided RU-486	Cath	enne Dov	MIO S
8. b. Physician's signature			MD	700783
	Da	te	7	5/17
Send completed forms to:	State Med	ical Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd			
	Columbus, OH 43	215-6127	MED	ICAL BOARD
Prescribed S. J. John			J	UL 1 0 2017



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	7,		·
-	July	<u> </u>	2017
2 Name of modical prosting of the	Month C	Day	Year
2. Name of medical practice or facility at which RU Pland Parenthad East	-486 was provid	ed:	
3. Address of medical practice or facility at which R	11-486 was prov		
2255 C 1.			
1 Ce	, lumbus,	OH 43213	
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
	ction 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 RU-486	Cathor	the longras	
8. b. Physician's signature		ND /AO	
Date -		10000	
Cond	3	\rightarrow . $+$	
	oard of Ohio 		
Legal Department 30 E. Broad St., 3 rd Flo		MEDION PORR	5
Columbus, OH 43215-	4	\$ WEEK 1	
	017/	JUL 6 3 KNIV	
Prescribed: 5//2011, Rev. 12/13/12			
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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	8	16	17
·	•	Month	Day	Year
2. Name of medical practic	e or facility at which RL University	1-486 was prov	ided:	real
3. Address of medical practi	ice or facility at which F	U-486 was pro	vided:	
3255 6 Ma	in St. Col	umbus,	OH 432	13
4. Date post RU-486 compli	cation began:	•		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse rea	ction to RU-486	Patient hospita	ilized
Patient received a transfusion	n Severe bleeding		:	
Other serious event (specify)	Fouled 1	NAB		
6. Duration of event:	Hours	Days		
7. Remarks: Diation of	und suction-	unampli.	atd.	
8. a. Name of physician who	provided RU-486	Carl	wer he	Komanos
8. b. Physician's signature			M	
, g	Date -	8)	20/17	3-7-0-0
Send completed forms to:	State Medical	Board of Ohio	1	
	Legal Department			
	30 E. Broad St., 3 rd Flo	or	META	No. 2008.1
	Columbus, OH 43215			16 2 4 701 ⁵

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 5 1 511 100				•
1. Date RU-486 was provided:	_	8	28	17
		Month	Day	Year
2. Name of medical practice or facili	ty at which RU and East	-486 was providence Surger	ded:	
3. Address of medical practice or faci	lity at which PI	1-196 1125 250	11-1	
í			1	
3255 E. Main St.	Colum	bus, OH	43213	
3255 E. Main St. 4. Date post RU-486 complication be	gan: 9 -	7/17		
5. Event(s) (Please check all that appl	y):			
Incomplete abortion	Adverse read	tion to RU-486	Patient hospitalize	ed .
Patient received a transfusion Seve	ere bleeding			
Other serious event (specify)				
6. Duration of event: Hou	ırs[Days		
7. Remarks:				
uncomplicate	d such	an proced	lice.	
8. a. Name of physician who provided	L DIL ADC	Calla	· · · · · · · · · · · · · · · · · · ·	
	1 10-486	Catae	The Roma	anas
8. b. Physician's signature		<i></i>	S Sup	p.o
	Date —		9/21	19
Send completed forms to:	tate Medical B	oard of Ohio		//
Legal De	partment			
	oad St., 3 rd Floo	ır	a	31085 365
	us, OH 43215-6	i	i we	DICAL BOARD
		· · · · · - ·		SEP & & Col.

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

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:			•
- Just No 480 was provided:	_ 01	/ 8	17
2. Name of modical practice or (a till	Month	Day	Year
2. Name of medical practice or facility at which R	U-486 was provid	led:	
Planned Parentheod East	Surgery		
3. Address of medical practice or facility at which	RU-486 was prov	ided:	
3255 E. Main St. Colum	bus (214	43213	
4. Date post RU-486 complication began: 9/22/17		(343	
5. Event(s) (Please check all that apply):			
incomplete abortion Adverse re	action to RU-486	Patient hospitalized	en e
Patient received a transfusion Severe bleeding	:		
Cother serious event (specify)Falled	Medication	abortion	
6. Duration of event: Hours	Days		
7. Remarks:			
uncamplicated s	uction		
8. a. Name of physician who provided RU-486	Cuff	enne Pa	manos
8. b. Physician's signature		< 0.00	
Date		0/25	
Sand	Board of Ohio	7103	/
Legal Department	board of Office		
30 E. Broad St., 3 rd Flo	oor		
Columbus, OH 43215 MEDICAL BOARD Prescribed: 5/- Stopp. 2013/1/2			
Prescribed: 5/-960 3eg 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:	9	21	•
	Month	Day	<u> </u>
2. Name of medical practice or facility at which F Flurned Parenthood	RU-486 was provid		Year
3. Address of medical practice or facility at which	RU-486 was prov	idadı	
3755 E Maih St. Col	umbus,	PH 432	13
4. Date post RU-486 complication began:	•		
5. Event(s) (Please check all that apply):			
Kincomplete abortion Adverse re	eaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:	7		
8. a. Name of physician who provided RU-486	Caff	entre Rom	1 (
8. b. Physician's signature)	Anos
Date		5 9/27	9.0 //
Send completed forms to: State Medica	l Board of Ohio		
Legal Department			
30 E. Broad St., 3 rd Fl	1		
Columbus, OH 4321	5-6127	WEI	DICAL BOARD
Prescribed: 5//2011, Rev. 12/13/12			SEP 2 8 2017

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25	2017
2 Name of modified	Day	Year
2. Name of medical practice or facility at which RU-486 was provide Planned Parenthood East Surgery	ed:	
3. Address of medical practice or facility at which RU-486 was prov		
3255 E Main St. Columbus, OH	43215	
4. Date post RU-486 complication began:		
5. Event(s) (Please check all that apply):		
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: Levelace Dic.		
!		
a. Name of physician who provided RU-486	onne Pa	
b. b. Physician's signature	0.72	nanos
	(MD)/C	2.0
Date	2 10/1/6/	()
end completed forms to: State Medical Board of Ohio Legal Department		MEDICAL BOAR
30 E. Broad St., 3 rd Floor		OCT 2 3 2017
		2 o ZUI/
Columbus, OH 43215-6127		
rescribed: 5//2011, Rev. 12/13/12		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

4 5 . 511.45				
1. Date RU-486 was provided	d:	OC+.	9	2017
		Month	Day	Year
2. Name of medical practice Planned gar	or facility at which ferthood [-	RU-486 was provid	led:	
3. Address of medical practic	e or facility at which	RU-486 was prov	ided:	
3255 E Mail				
4. Date post RU-486 complication	ation began:			
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Adverse r	eaction to RU-486	Patient hospitalized	d
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	failed	MEB		
6. Duration of event:	Hours	_ Days		
7. Remarks:				
8. a. Name of physician who p	provided RU-486	Cathe	erihe form	lanos
8. b. Physician's signature		A. A. Carrier	(AD)	D.O
	Date		10/1	u/17
Send completed forms to:	State Medic	al Board of Ohio		
	Legal Department	a. Dould of Offio		
	30 E. Broad St., 3 rd F	Floor		
	Columbus, OH 4321		AVEL	ICAL BOARD
	,			
Prescribed: 5//2011, Rev. 12/13/12				OCT 1 8 2017

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State Medical Board of Ohio Report of RU-486 Event MEDICAL BOARD

To be completed by the physician who provided RU-486

NOV 0 3 2017

1 Date Division			,
1. Date RU-486 was provided:	10		11
	Month .	Day	
2. Name of medical practice or facility at which RL	J-486 was provi	ded:	Year
lanned paventhood	[ac	Swaen	
3. Address of medical practice or facility at which R	U-486 was prov	iided:	
Columbus OH 43213			
			į.
4. Date post RU-486 complication began:			
[0 31/1	7		
5. Event(s) (Please check all that apply):			
M	•		
Incomplete abortion Adverse rea	ction to RU-486	Patient hospitalized	
			-
Patient received a transfusion Severe bleeding			
Other serious event (specify)		·	
6. Duration of event: Hours			
Hours	Days		
7. Remarks:			
Lanca aire for			
uncomplicated	7.5		
;			
8. a. Name of physician who provided RU-486	Catho	· / //	•
8. b. Physician's signature	Carlo	The Romai	201
or all rivisician's signature		(MB/D	0
Date _		10/3/17	
Send completed forms to: State Medical E	loard -f Cir	1.	
Legal Department	old of Oblo		
30 E. Broad St., 3 rd Floo			
Columbus, OH 43215-	6127		
Prescribed: 5//2011, Rev. 12/13/12		•	
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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:			•
provided.	UC+	16	2017
2 14	Month	Day	Year
2. Name of medical practice or facility at which R	U-486 was provid	ed:	
Planned parenthood East	Cursim.	Center	
	1		
3. Address of medis 255 et 196 air es ity at which	RU-486 was prov	ided:	
Columbus OH 43213			
			,
4. Date post RU-486 complication began:			
11 21	(7		
5. Event(s) (Please check all that apply):			
	•		
Adverse re	action to RU-486	Patient hospitalized	
Patient received a transfer to			•
Patient received a transfusion Severe bleeding			
Other serious event (specify)			1
6. Duration of event: Hours	Dave		
	_ Duy3		
7. Remarks:			
uncomplicated i	1.0		
		•	
8. a. Name of physician who provided RU-486	Cath	ente bou	nanos
8. b. Physician's signature		For	WALLIEST
		MD/	<u> </u>
Date		11/2	8/1)
Send completed forms to: State Medical	Board of Ohio		
Legal Department			
30 E. Broad St., 3 rd Flo	oor		
Columbus, OH 43215	i		_
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Prescribed: 5//2011, Rev. 12/13/12			NOV 3 0 2017
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Dal		
l la	Month	[8]	2017
2. Name of medical practice or facility at which I	500000	Day	Year
Planned Panenthood	10-486 was provid	ed:	
	17		
3. Address of medical practice or facility at which	RU-486 was provi	ded:	
3.55 E. Main St. Co 4. Date post RU-486 complication began:	lumbus o	4 4321)
4. Date post RU-486 complication began:	117		
5. Event(s) (Please check all that apply):			
N. T. Sandara and Sandara			
Adverse r	eaction to RU-486	Patient hospitalize	ed .
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	_ Days		
7. Remarks:			
unramplica keci	Dic		
8. a. Name of physician who provided RU-486	Cathoda	in Rom	anas
8. b. Physician's signature			4110)
		S (MD)	100
Sand complete I.C.		12	[25 [1]
	I Board of Ohio	-	
Legal Department			
30 E. Broad St., 3 rd F	i i		
Columbus, OH 4321	5-6127	M	EDICA BOARD
Prescribed: 5//2011, Rev. 12/13/12			OCT 3 0 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1 Date DIL 400					
1. Date RU-486 was provid	ed:	ID	(8	17	
		Month	Day		
	aventhood ta	St Surg	ed: erty	Year	
	ice or facility at which RU 255 E. Main St. Columbus OH 43213	J-486 was prov	ided:		
	25/17	•			
5. Event(s) (Please check al	that apply):				
Macomplete abortion	Adverse reac	tion to RU-486	Patient hospital	ized	
Patient received a transfusio	nSevere bleeding	,			ACCOME A PROPERTY OF A PARTY OF A
Other serious event (specify					The Cartesian Control of the Cartesian Control
6. Duration of event:	Hours D	ays			
7. Remarks:					
	braka DiC				
8. a. Name of physician with		001) ·		
8. a. Name of physician who 8. b. Physician's signature	provided RU-486	Cage	erine	Romano	5
	Date) 11/2	100	
Send completed forms to:	State Medical B	pard of Ohio			
·.	Legal Department	OI OIIIO			
	30 E. Broad St., 3 rd Floo	,		. 	
	Columbus, OH 43215-6		MEDI	CAL BOARD	
		175/	N	OV 0 6 2017	

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 provid	ded:	Mari		
		Month	9	2017
2. Name of medical practi	ce or facility at which PL		Day	Year
Planned	Parentlood	400 was provid	led:	
			Surgery	
3. Address of medical prac	ice of acility at which F	RU-486 was prov	ided:	
Columbus	OH 43213			
A Data past DI Ans				•
4. Date post RU-486 compl	ication began:			
5. Event/s) /Please chall al	71/7			
5. Event(s) (Please check al	i that apply):			
Incomplete abortion	Adverse rea	ection to RU-486	Patient hospitalize	4
D				· •
Patient received a transfusion	on Severe bleeding			
1	- <,			ACTOR A SACON
Other serious event (specify	- taile	ed MXB		and the second s
6. Duration of event:	Hours	Days		
7. Remarks:				
Le mar millan	d d o bee			
3 Senciamper co	ited suctive			
3				
8. a. Name of physician wh	provided RU-486	Catha	inhe for	nanos
8. b. Physician's signature		d	101	- was US
	D-1		- MD/	0.0
Send completed forms to:	Date -		1/2://	7
seria completed forms to:	State Medical	Board of Ohio		
,	Legal Department			
•	30 E. Broad St., 3 rd Flo		MEDIC	DAL BOARD
	Columbus, OH 43215-	-6127	•	
Prescribed: 5//2011, Rev. 12/13/12			NO.	V 2 4 2017
7 7 2011, Rev. 12/13/12			•	

3



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	ed:			
		Month	120	17
2. Name of medical practice	or facility at wh	WOILII	Day	Year
Diamed Car	- Of facility at Wh	cn RU-486 was prov	/ided:	
Planned Pan	mhied	sast Slargen	y Ctv.	
3. Address of medical practi	ce or facility at			
3255 E. N	lain Si	nich KU-486 was pro	ovided:	
Columbus	OH 43213			
4. Date post RU-486 complic	otton b			
	ation began:			
5. Event(s) (Places short "		1/30/17		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adva	rse reaction to RU-486		
		ise reaction to RU-486	Patient hospitalize	ıd .
Patient received a transfusion	Severe bleedir			
		15 		
Other serious event (specify)	F/6.1	ad 1110	•	
		LU TUAS		
6. Duration of event:	Hours	Days		
7. Remarks:				
	a)	7		
uncamy	Du cated	0.5		
3				
a. Name of physician wha			•	
3. a. Name of physician who	provided RU-486	- Cert	tenne Rov	nanos
. b. Physician's signature				
	r	Date	M.D./	<u> </u>
end completed forms to:				
	State Me	dical Board of Ohio		
·.	Legal Departmen			Million & Some
	30 E. Broad St., 3			DEC 18 2017
	Columbus, OH 4	3215-6127		DEC 18 con
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MEDICAL BOARD



State Medical Board of Ohio Report of RU-486 Event

MAY 1 0 2021

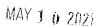
(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided HU-485

1. Date RU-486 was provided:	April		9	2021
	Month		Day	Year
Name of medical practice or facility a Women's Med Dayton	it which RU-486 was p	provided:		
Women's wed Dayton			Market Market Market St. 1981	
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-486 was	provided:		
Dayton, Ohio 45429				
4. Date post RU-486 complication began	: 21-30-6	2021	, , , , , , , , , , , , , , , , , , , ,	,
5. Event(s) (Please check all that apply):				y Managed Bad to the State of
Incomplete abortion	Adverse reaction to RU-4	186 Patie:	nt hospitalij	e e d
Patient received a transfusion Severe	bleeding			
Other serious event (specify)				THE COLUMN TWO IS NOT
6. Duration of event: Hours	Days			700 per 1980 de la companya del companya de la companya del companya de la compan
7. Remarks:	THE STATE OF THE CONTROL OF THE STATE OF THE			
hac	complicated s	ncha		
8. a. Name of physician who provided R	1)486 Cathe	rine ik	oma	nos
8. b. Physician's signature	Date	1/8	. /	/00
Send completed forms to: Stat	te Medical Board of O	hio		Michigan Communication Communi
Legal Depa	rtment			

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 HU-48E

1. Date RU-486 was provided:	Ц	a	8021
	Month	Day	Year
2. Name of medical practice or facility at v	which RU-486 was prov	vided:	
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was pro	ov ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	4/19/20	21	
5. Event(s) (Please check all that apply):			the state of the s
Incomplete abortionA	dverse reaction to RU-485	Patient hospitaliz	e d
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
6. Duration of event: Hours	Days		The state of the s
7. Remarks:	uncomplicati	ed suctra	
8. a. Name of physician who provided RU-	486 Br. Artheri	ne Doman	105
8. b. Physician's signature	Date		200 U/30/21
	W 100 100 100 100 100 100 100 100 100 10		-11-25-12/

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided Ru-485

1. Date RU-486 was provided:	3	4	2021
Name of medical practice or facility at whi Women's Med Dayton	Month ch RU-486 was provid	pay ded:	Year
3. Address of medical practice or facility at wi 1401 E Stroop Rd Dayton, Ohio 45429	hich RU-486 was prov	/ded:	
4. Date post RU-486 complication began:	3/2/2021	***	
5. Event(s) (Please check all that apply): Incomplete abortion Adver- Patient received a transfusion Severe bleeding	rse reaction to RU-486	Patient hospitalize	ď
Other serious event (specify)			
6. Duration of event:Hours 7. Remarks:	THE RESERVE OF THE PROPERTY OF		Problems of the second
8. a. Name of physician who provided RU-486 8. b. Physician's signature Depend completed forms to:	Louthen ate	ne Roman	D.O.

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAR 3 1 2021



(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	2/
	Worth	Day	Year
2. Name of medical practice or facility at which F	RU-486 was provid	led:	***************************************
Women's Med Dayton			
3. Address of medical practice or facility at which 1401 E Stroop Rd	RU-486 was prov	dec:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	2/9/2	2/	
5. Event(s) (Please check all that apply):			Service and the service and th
Incomplete abortion Adverse re	eaction to RU-485	Patient hospitalize	d
Patient received a transfusion Severo bleeding			
Other serious event (specify)			
6. Duration of event: Hours	_ Days		
7. Remarks:	The second secon	APPER CONTRACTOR OF THE PROPERTY OF THE PROPER	
8. a. Name of physician who provided RU#86	Cother	De Porni	anos
8. b. Physician's signature)
Date			71./21
Date			11.121

Send completed forms to:

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 Ru-485

1. Date RU-486 was provided:		X	21
	Month	Day	Year
2. Name of medical practice or facility at whi	ich RU-486 was provi	ded:	1 Cycles
Women's Med Dayton	·		
3. Address of medical practice or facility at wind 1401 E Stroop Rd	hich RU-486 was prov	/ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	2/16/6	21	and the second s
5. Event(s) (Please check all that apply):	**************************************	30-00-00-00-00-00-00-00-00-00-00-00-00-0	and the state of t
Incomplete abortion Adver	rse reaction to RU-486	Patient hospitalize	xĠ
Patient received a transfusion Severe bleeding	ig		
Other serious event (specify)			and the state of t
6. Duration of event: Hours	Days		We percentile the state of the
7. Remarks:	\$ \$40,000 miles \$10,000 mile	Charles and the second	
3. a. Name of physician who provided RU-486	Carhori	re Roman	YES-
3. b. Physician's signature	Pate		00 8 /81
end completed forms to:	Market Wareham		

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAR 0-1 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

S. Page Cit MAC			
1. Date RU-486 was provided:	april	29	0001
	Wenth	Day	Year
2. Name of medical practice or facility at wh	ich RU-486 was prov	rided:	
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:	5/3/2021	Philip Reg. Co. Married Land Co. (1975) de 130 (Philip Philip State Co. (1975) de 130 (Philip State Co. (1975	and a second
5. Event(s) (Please check all that apply):			
Incomplete abortion Adve	erse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe bleedi	ng		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:	emptrakely snak	en anni anni anni anni anni anni anni an	
8. a. Name of physician who provided RU-48	6 Cath	erine y	Romanos
8. b. Physician's signature	Date	MO.	5/4/2021
Send completed forms to: State Me	edical Board of Ohio		And the second s

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAY 2 4 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

	6	10	21
	Month	Day	Year
2. Name of medical practice or facility at Women's Med Dayton	which RU-486 was provide	ed:	
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	et which RU-486 was provi	ded:	
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 hospitalia	##
			77
Patient received a transfusion Severe bi	leeding		
Other serious event (specify)			
	Days	10	
6. Duration of event: Hours	Days uction (unca	-phrcteo	(,)
6. Duration of event: Hours	uction (unca		(,)
6. Duration of event: Hours	uction (unca		vanos

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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

JUL 222021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	July Month	22 Day	2021 Year
Name of medical practice or facility as 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 pro	vided:	, , , , , , , , , , , , , , , , , , , ,
Dayton, Ohio 45429 4. Date post RU-486 complication began	July 27	,2021	-
Event(s) (Please check all that apply): Incomplete abortion	Adverse reaction to RU-486		alized
Patient received a transfusion Severe b			
1	Days		
7. Remarks:	1		
8. a. Name of physician who provided R 8. b. Physician's signature	Date Cotherin	u Roman	os MD
Legal Depa	te Medical Board of Ohio irtment d St., 3 rd Floor	ME	DICAL BOARD

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:	7		22	21
	Month	100000	Day	Year
Name of medical practice or fac Women's Med Dayton	cility at which RU-486 wa	s provided:	- A	
3. Address of medical practice or fa 1401 E Stroop Rd Dayton, Ohio 45429	acility at which RU-486 w	vas provideo	3:	
4. Date post RU-486 complication	began: 7/8	18/21	10	
S. Event(s) (Please check all that a position incomplete abortion Patient received a transfusion incomplete serious event (specify) incomplete abortion incomplete a	Adverse reaction to R	(U-485	Patient hospitalize	d
6. Duration of event:	Hours Days			
7. Remarks:				111
8. a. Name of physician who provi 8. b. Physician's signature	ded RU-486	hero	7/29	nanos 100
	State Medical Board of Department	of Ohio	MEDICAL	BOARD

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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 80-485

1. Date RU-486 was provided:		(0	1/	2021
	Me	nth	Day	Year
2. Name of medical practice or facility a	t which RU-486	was provided		700000000000000000000000000000000000000
Women's Med Dayton				
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-48	б was provide	₽ď:	
Dayton, Ohio 45429				
4. Date post RU-486 complication began	: Cellel	2021		
5. Event(s) (Please check all that apply):				
Incomplete abortion	Adverse reaction (to RU-485	Patient hospitalized	d
Patient received a transfusion Severe b	leeding			
Other serious event (specify)	Mary Alexander			of the second se
6. Duration of event: Hours	Days			Makananan na mananan n
7. Remarks:	TO THE THE PERSON NAMED OF THE PERSON NAMED IN	The state of the s		
ur	ocmpliat	ed D:		
8. a. Name of physician who provided Rt	J-486	afhero	e Rom	anos
8. b. Physician's signature	Date	efueto		
Send completed forms to: State	■ Medical Board	l of Ohio		P. School and P. Control and P. Cont
Legal Depar	tment			
30 E. Broad	St., 3 rd Floor		v	

Columbus, OH 43215-6127

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



JUN 2 4 2021

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	_05	28	2021
	Month	Day	Year
2. Name of medical practice or facility at v	which RU-486 was provid	led:	· · · · · ·
Women's Med Dayton			
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:	6/1/2/	- Annual Control of the Control of t	
5. Event(s) (Please check all that apply);			
Incomplete abortion At	dverse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			POLYTICA BASIC magazine.
6. Duration of event: Hours	Days		
7. Remarks:	and the state of t		
8. a. Name of physician who provided NU-	186 (ash)	Irine R	onianos
8. b. Physician's signature		(MD)/	DO.
	Date	10/3/	21
Send completed forms to: State i	Medical Board of Ohio	/ 200	
Legal Departn	ment		
30 E. Broad St	, 3 rd Floor	•	
Columbus, OF	H 43 215-6127		

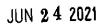
JUN 2 4 2021



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided	y .	,3	12	
		Month	Day	Year
2. Name of medical practice of	or facility at which	RU-486 was provi	ided:	1201
Women's Med Dayton		·		
3. Address of medical practice 1401 E Stroop Rd	or facility at whic	h RU-486 was pro	vided:	
Dayton, Ohio 45429				
4. Date post RU-486 complica	tion began: ω	13/21	Name of the latest of the late	- A MARIE CONTRACTOR C
5. Event(s) (Please check all th	iat apply);		B000	
Incomplete abortion	Adverse	reaction to RU-485	Patient hospitalized	
Patient received a transfusion	Severe bleeding			Arguer de la companya
Other serious event (specify)				-
6. Duration of event:	Hours	Days		760000000000000000000000000000000000000
7. Remarks:				
	D: 8 cmc	.copt outed		The state of the s
8. a. Name of physician who p	rovided RU-486	Cath	ierine Re	manos
8. b. Physician's signature			0412 MD/	0.0
S	Dat		3 404	
Send completed forms to:		al Board of Ohio		
	egal Department			
	0 E. Broad St., 3 rd			
Ĺ	olumbus, OH 432	15-6127		





(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	Old Month	04	2021
Name of medical practice or facility at w Women's Med Dayton		Day ided:	Year
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was pro	ovided:	723700
Dayton, Ohio 45429 4. Date post RU-486 complication began:	6/9/21	Manufach est minimizer of the second	
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	verse reaction to RU-486	Patient hospitaliz	<u>e</u> d
Patient received a transfusion Severe bleer	ding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:	E.		
8. a. Name of physician who provided RU-4: 8. b. Physician's signature		ne Roman	105 100
Send completed forms to: State M Legal Departme	ledical Board of Ohio		33004

30 E. Broad St., 3rd 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

 Name of medical practice or facility at which Women's Med Dayton Address of medical practice or facility at which 1401 E Stroop Rd Dayton, Ohio 45429 Date post RU-486 complication began: 			Year
Women's Med Dayton 3. Address of medical practice or facility at which 1401 E Stroop Rd Dayton, Ohio 45429			
Women's Med Dayton 3. Address of medical practice or facility at which 1401 E Stroop Rd Dayton, Ohio 45429			
Dayton, Ohio 45429	h RU-486 was prov	ded:	19.00
4. Date post RU-486 complication began:	THE STATE OF THE S		
photos ocgan.	8-9-21	021	
5. Event(s) (Please check all that apply):		***	
✓ Incomplete abortion Adverse	reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
5. Duration of event: Hours	Days		
7. Remarks:	100-101		711
0 0.	440		
. a. Name of physician who provided RU486	Gather	me Ron	lanos
. b. Physician's signature Dat		> 8/12	0
	al Board of Ohio		
Legal Department		MEDIC	AL BOARD
30 E. Broad St., 3 rd	Floor		1 9 2021

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Month	3	2021
Name of medical practice or facility a Women's Med Dayton		pay pvided:	Year
3. Address of medical practice or facility 1401 E Stroop Rd Dayton, Ohio 45429	at which RU-486 was p	rovided:	181
4. Date post RU-486 complication began	8-3-20	21	A CONTRACTOR OF THE CONTRACTOR
Incomplete abortion Patient received a transfusion Severe to Other serious event (specify)	Adverse reaction to RU-486	Patient hospitali	zed
6. Duration of event: Hours	Days	9 () () () () () () () () () (-
7. Remarks:		100	***************************************
3. a. Name of physician who provided RU 3. b. Physician's signature	Date Catheri	ne Roman	05 8/5/21
Legal Depart 30 E. Broad		MEDIC	CAL BOARD



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 O Day Year
2. Name of medical practice or facility at which F	RU-486 was provided:
Women's Med Dayton	
Address of medical practice or facility at which 1401 E Stroop Rd	RU-486 was provided:
Dayton, Ohio 45429	
4. Date post RU-486 complication began:	-19-2021
5. Event(s) (Please check all that apply):	
Incomplete abortion Adverse i	reaction to RU-486 Patient hospitalized
Patient received a transfusion Severe bleeding	
Other serious event (specify)	
6. Duration of event: Hours	_ Days
7. Remarks: Dila ha	n: Suchica.
8. a. Name of physician who provided RU-486	Catherina Romanos MD
8. b. Physician's signature Dat	te 8/19/20
Send completed forms to: State Media	cal Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127



(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 facili	ty at which Rl	J-486 was prov	ided:		
Women's Med Dayton					
3. Address of medical practice or faci 1401 E Stroop Rd	ility at which l	RU-486 was pro	ovided:		
Dayton, Ohio 45429					
4. Date post RU-486 complication be	gan:	(0/1/	21		
5. Event(s) (Please check all that app	ly);			A. 44-	The state of the s
X Incomplete abortion	Adverse re	eaction to RU-485	Patient hosp	italized	
Patient received a transfusion Sev	vere bleeding				
Other serious event (specify)					
6. Duration of event: Ho	ours	_ Days	A	999 h	177.00
7. Remarks: dílah	a : Sk	cha			
8. a. Name of physician who provide	ed RU-486	fat	herine	Kome	incs
8. b. Physician's signature	Date	10/	yai €	100	
Send completed forms to:	State Medic	al Board of Ohio	3		
Legal I	Department			MEDIC	CALBOARD
30 E. E	Broad St., 3 rd I	Floor		MEDIC	- + 0 2021
Colum	bus, OH 432	15-6127		00	T 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:		19	21
7.754	Month	Day	Year
Name of medical practice or facility at Women's Med Dayton	which RU-486 was pro	ovided:	
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	it which RU-486 was p	rovided:	
4. Date post RU-486 complication began:	11/24/2	21	
5. Event(s) (Please check all that apply):			N
Incomplete abortion A	Adverse reaction to RU-488	Patient hospitaliz	ed
Patient received a transfusion Severe bis	eeding		
X Other serious event (specify) Failed	Abortion		
6. Duration of event: Hours _	Days		
7. Remarks:	97.1	,	
3. a. Name of physician who provided RO	-285 Pay	therine t	Lomanos
B. b. Physician's signature	100)
	Date #	12/3/2/MD	10.0
end completed forms to: State	Medical Board of Ohio	>	(
Legal Departs	mant		

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

DEC 15 2021

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
Name of medical practice or facility at Women's Med Dayton	which RU-486 was pro-	vided:	
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	et which RU-486 was pr	ovided:	
4. Date post RU-486 complication began:	6/83		
5. Event(s) (Please check all that apply):		500	-
Incomplete abortion	Adverse reaction to RU-485	Patient hospitali	zed
Patient received a transfusion Severe bis	eeding		
Other serious event (specify)		Alexander and a second	
6. Duration of event: Hours _	Days	1	
7. Remarks:	1 (A)		
uncomp	brated Su	ection.	
3. a. Name of physician who provided RU 3. b. Physician's signature	Date Catherin	homanos	122
end completed forms to: State	Medical Roard of Obio		100

Legal Department

30 E. Broad St., 3"d Floor

Columbus, OH 43215-6127

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

	vided:	December	3	2021
		Month	Day	Year
Name of medical prac Women's Med Da		ch RU-486 was provided:	Y	
3. Address of medical pra 1401 E Stroop Rd Dayton, Ohio 4542		nich RU-486 was provided	;	
4. Date post RU-486 com	plication began:	19/16/21		· · · · · · · · · · · · · · · · · · ·
5. Event(s) (Please check : Incomplete abortion Patient received a transfus	Adver	se reaction to RU-486 P	atient hospitalize	ď
Other serious event (specif 6. Duration of event:	· · · · · · · · · · · · · · · · · · ·			
o. Buration of event.	T Hours	Days		
LAnge Landier	emplicated:	suck con		
7. Remarks: Unco	complicated:		Roman	~
unce	ho provided RU-486		Roman	

FEB 1 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:	11	13	21
and the second s	Month	Day	Year
2. Name of medical practice or facility at w	which RU-486 was pro-	vided:	
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was pr	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	104 100		1-1-1
5. Event(s) (Please check all that apply):	10-1/00	4.	
/Incomplete abortionAdv	verse reaction to RU-485	Patient hospitali:	ted
Patient received a transfusion Severe blee	ding		
Other serious event (specify)		-1	
6. Duration of event: Hours	Days	***	44
7. Remarks:		N-	11000
un can	profes Di	lictor: S	uction
3. a. Name of physician who provided RU-4	86	Catherine	Remanus
h Dhurianada simutus		MO	Do o
3. b. Physician's signature	Date	1/5/22	

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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

FEB 1 1 2022

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

	Month	Day	- Ja
 Name of medical practice or facility at Women's Med Dayton 	t which RU-486 was prov		rear
3. Address of medical practice or facility a	at which RU-486 was pro	vided:	- Commission - Com
Dayton, Ohio 45429 4. Date post RU-486 complication began:	3/17/22	***	
5. Event(s) (Please check all that apply):	Adverse reaction to RU-485	Patient hospitalize	ed
Other serious event (specify)		all the same of th	
	7777.7 Transaction of the Control of		
Other serious event (specify) 6. Duration of event: Hours	7777.7 Transaction of the Control of		

send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd 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 RU-485

 Date RU-486 was provided: 	01	14	2022
	Month	Day	Year
 Name of medical practice or facility at w Women's Med Dayton 	hich RU-486 was provid	ded:	,,,,,
Women's Med Dayton	The state of the s	- W-1	Anna Anna Anna Anna Anna Anna Anna Anna
3. Address of medical practice or facility at 1401 E Stroop Rd	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):			
Incomplete abortionAd	verse reaction to RU-486	Patient hospitalize	ed.
Patient received a transfusion Severe blee	ding		
Other serious event (specify)	· ·	ton.	
· · · · · · · · · · · · · · · · · · ·	-	***	
5. Duration of event: Hours	Days		
7. Remarks:	The second secon	, <u>, , , , , , , , , , , , , , , , , , </u>	
Such	CV		
	A 11	- 10	
. a. Name of physician who provided RU-4	86 Lathe	line ko	manos, N
a. Name of physician who provided RU-4 b. Physician's signature	86 Cathe		manos, N
		MD,	
i. b. Physician's signature	Date		

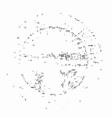
30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

Prescribed, 5/--/2011, Rev. 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:	3	3	3033
	Month	Day	Year
2. Name of medical practice or facility at Women's Med Dayton	which RU-486 was provi	ded:	
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was pro-	vided:	- Control Control - The Contro
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	4/1/22	7 100	
5. Event(s) (Please check all that apply):	WW		
J. Events 1 store check by that approp			
Incomplete abortion	Adverse reaction to RU-485	Patient hospital	iz e d
Patient received a transfusion Severe bi	eeding		
Other serious event (specify)			A Company of the Comp
	·		A CONTRACTOR OF THE CONTRACTOR
6. Duration of event: Hours	Days		
7. Remarks:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	- page 1000000000000000000000000000000000000	***************************************
7. Nemana.	cticn		
Su			
8. a. Name of physician who provided RI	J-486	Kuman	5
8. b. Physician's signature		(M	100
	Date	41100	Ŷ
Sand appropriated forms to			
Send completed forms to: Stat	e Medical Board of Ohio		

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

APR 0 6 2022



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

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

	The state of the s
1. Date RU-486 was provided:	11/18/2014
Month	Day Year
2. Name of medical practice or facility at which RU-486 was pro-	vided:
3. Address of medical practice or facility at which RU-486 was pr	ovided:
3255 East Main St. Columbus;	OH 43213
4. Date post RU-486 complication began: Z 09 20	
5. Event(s) (Please check all that apply):	
Incomplete abortion Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion Severe bleeding	
Other serious event (specify)	
6. Duration of event: MA Hours Days	
7. Remarks: failed medical to likel portocol.	y result of FDA
8. a. Name of physician who provided RU-486 8. b. Physician's signature Date	nne ramanos MD 12/9/14
Send completed forms to: State Medical Board of Ohio	0
Legal Department	N
30 E. Broad St., 3 rd Floor	BON
Columbus, OH 43215-6127	MEDICAL BOAR
	Mrs JEC I



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Avaust	28,2014	
	Month	Day	Year
2. Name of medical practice or facility at which is \$100 H	RU-486 was provid	ded:	
3. Address of medical practice or facility at which	RU-486 was prov	vided:	
CO14Mbus, OH 43213		and the second s	
4. Date post RU-486 complication began: September 12, 2014			
5. Event(s) (Please check all that apply):			
Incomplete abortionAdverse	reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleeding			
Other serious event (specify)		100	
6. Duration of event: Na Hours	Days		
7. Remarks: FD A protocol rosulted			
8. a. Name of physician who provided RU-486	Cather	ine Kana	nor MD.
8. b. Physician's signature Dat	e 9/16/20	P4 MD	/D.O
Send completed forms to: State Medic	cal Board of Ohio		
Legal Department			
30 E. Broad St., 3 rd	Floor	MED	ICAL BOARD
Columbus, OH 432	15-6127	S	EP 19 2014



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

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:			
	<u>Jan</u>	v	2018
2. Name of modical and	Month	Day	Year
2. Name of medical practice or facility at whi	ood East Surge	ny Cercler	
3. Address of medical prac 3255 EacMaint SA Columbus OH	hich RU-486 was prov 13213	OZOU L. N	Main St. S OH 43213
4. Date post RU-486 complication began:	26		
5. Event(s) (Please check all that apply):			
Incomplete abortionAdve	rse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding			
Nother serious event (specify)	ed NUR	·	3
6. Duration of event: Hours	Days		
7. Remarks:			
uncomplicated I	Silation: Su	ickian	
8. a. Name of physician who provided RU-486	Calle	,	•
8. b. Physician's signature	Carra-	he Roman	05
- Typician's signature	A second	MR/I	2.0
	ate	2/7	10
Send completed forms to: State Me	dical Board of Ohio		3
Legal Departmer			
30 E. Broad St., 3			
Columbus, OH 4		· M	EDICAL BOARD
rescribed: 5//2011, Rev. 12/13/12			FEB 1 2 2018



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided: Struct
2. Name of medical practice or facility at which RU-486 was provided: **Care facility at which RU-486 was provided: 3. Address of medical practice or facility at which RU-486 was provided: 3255 E. Main St. Columbus OH 43213 4. Date post RU-486 complication began: 3 2118 5. Event(s) (Please check all that apply): Incomplete abortion Adverse read to the post RU-486 was provided: Adverse rea
2. Name of medical practice or facility at which RU-486 was provided: Cast Surgery 3. Address of medical practice or facility at which RU-486 was provided: 3255 E. Main St. Columbus OH 43213 4. Date post RU-486 complication began: 3 2118 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction
3. Address of medical practice or facility at which RU-486 was provided: 3255 E. Main St. Columbus OH 43213 4. Date post RU-486 complication began: 3 2118 5. Event(s) (Please check all that apply): Incomplete abortion Adverse results
5 (2) (1 & 5. Event(s) (Please check all that apply):
Incomplete abortion Adverse results
Incomplete abortion Adverse reaction to DIL 405
Patient hospitalized
Patient received a transfusion Severe bleeding
Yother serious event (specify) failed mas
5. Duration of event: Hours Days
7. Remarks:
unecomplicated D-E
3. a. Name of physician who provided RU-486 (Catherine Romanica
B. b. Physician's signature Catherine Romanus
MADO
end completed forms to: State Medical Decarity
Trace Wedical Board of Ohjo
Legal Department MEDICAL BOARD
Floor
Columbus, OH 43215-6127
rescribed: 5//2011, Rev. 12/13/12



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

1. Date RU-486 was provided:		•
	30	(8
2. Name of medical processor and all the second sec		Year
2. Name of medical practice or facility at which RU-486 was provi	lded:	
3. Address of medical practice or facility at which RU-486 was pro- 3255 E. Main St. Columbus OH 43213	vided:	
Date post RU-486 complication began:		
5. Event(s) (Please check all that apply):		
Incomplete abortionAdverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding		
Yother serious event (specify) failed MAB	·	
5. Duration of event: Hours Days		
7. Remarks:		
A the contract of and	of the same	
3. a. Name of physician who provided RU-486		•
. b. Physician's signature	thenre R	omanos
Date	M.D./D	.0
end completed forms to: State Medical Board of Ohio		
Legal Department		
30 E. Broad St., 3 rd Floor	MEI	DICAL BOARD
Columbus, OH 43215-6127		N 15 8 000
escribed: 5//2011, Rev. 12/13/12		



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provi	ded:	Tub	- N	
		Month	18	2018
2. Name of medical pract	ice or facility at whic Paventhood		Day	Year
3. Address of medical practage 3255 E.	ctice or facility at whi Main St. us OH 43213	ich RU-486 was pro	ovided:	
4. Date post RU-486 comp	21:	Z8/18		:
Incomplete abortion		e reaction to RU-486	Patient hospitalize	ed
Patient received a transfusi	onSevere bleeding			
Other serious event (specify	v)			
5. Duration of event:	Hours	Days		
7. Remarks:				
	plicated su	icha		
, a. Name of physician wh		A 10		•
. a. Name of physician who . b. Physician's signature	o provided RU-486	Catha		
	Da	te	2/5/	0.0
end completed forms to:	State Medi	cal Board of Ohio	10/1	<u> </u>
	Legal Department 30 E. Broad St., 3 rd		MED	ICAL BOARD
	Columbus, OH 432			
escribed: 5//2011, Rev. 12/13/12				



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided: Month Day Year	In the state of th	no provided RU-486
2. Name of medical practice or facility at which RU-486 was provided: Plance (Westfood Cost Swgen) 3. Address of medical practice of acility at which RU-486 was provided: Columbus OH 43213 4. Date post RU-486 complication began: 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient received a transfusion Severe bleeding Other serious event (specify) Columbus OH 43213 A. Name of physician who provided RU-486 Deptical Suchor A. Name of physician who pr	1. Date RU-486 was provided:	
2. Name of medical practice or facility at which RU-486 was provided: Planned Plant Hood Cart Surgery 3. Address of medical practice 25 ESCH With Mich RU-486 was provided: Columbus OH 43213 4. Date post RU-486 complication began: S. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient received a transfusion Severe bleeding Other serious event (specify) Columbus OH Days Remarks: Conversed Suchar Days A Name of physician who provided RU-486 Department Date Alaphy Date Alaphy MEDICAL BOARD Columbus, OH 43215-6127	marce	6 21
Address of medical practice of facility at which RU-486 was provided: Columbus OH 43213 4. Date post RU-486 complication began: Incomplete abortion Adverse reaction to RU-486 Patient hospitalized Patient received a transfusion Severe bleeding Other serious event (specify) Direction of event: Hours Days Remarks: CALL Aborno Days Remarks: CALL Aborno Days Remarks: CALL Aborno Days Remarks: CALL Aborno M.D. J.D.O Date All J.D.O Legal Department 30 E. Broad St., 3rd Floor Columbus, OH 43215-6127 MEDICAL BOARD	2. Name of modical	2018
3. Address of medical practice 255 Ell: Main's: RU-486 was provided: Columbus OH 43213 4. Date post RU-486 complication began: 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient received a transfusion Severe bleeding Other serious event (specify) Other serious event (specify) Adverse reaction to RU-486 Patient hospitalized Patient hospitalized Date Abortion Days Remarks: Canylicate Sucha. a. Name of physician who provided RU-486 Date Alane Date Alane MD D.O. MEDICAL BOARD Columbus, OH 43215-6127	Practice or facility at which RU-486 was not	Day
4. Date post RU-486 complication began: 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized Patient received a transfusion Severe bleeding Other serious event (specify) Other serious event (specify) RU-486 Days Remarks: Carplicate Sucha a. Name of physician who provided RU-486 b. Physician's signature Date Date Adverse reaction to RU-486 Called Abortion Adverse reaction to RU-486 Patient hospitalized MEDICAL BOARD Columbus, OH 43215-6127	I Whened Parent of	ovided:
4. Date post RU-486 complication began: 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized Patient received a transfusion Severe bleeding Other serious event (specify) Other serious event (specify) RU-486 Days Remarks: Carplicate Sucha a. Name of physician who provided RU-486 b. Physician's signature Date Date Adverse reaction to RU-486 Called Abortion Adverse reaction to RU-486 Patient hospitalized MEDICAL BOARD Columbus, OH 43215-6127	3. Address of made	ast Surgen
4. Date post RU-486 complication began: 5. Event(s) (Please check all that apply):	3255 Flit Which RU-486 was pr	5/
4. Date post RU-486 complication began: 5. Event(s) (Please check all that apply): Incomplete abortion Adverse reaction to RU-486 Patient hospitalized Patient received a transfusion Severe bleeding Other serious event (specify) Days Remarks: Cappical Sucha a. Name of physician who provided RU-486 b. Physician's signature Date Date Date MD/DD MEDICAL BOARD Columbus, OH 43215-6127	Columbus OH 43213	ovided:
5. Event(s) (Please check all that apply):		ŗ
5. Event(s) (Please check all that apply):	n Date post RU-486 complication began:	
Adverse reaction to RU-486 Patient hospitalized Patient received a transfusion Severe bleeding Other serious event (specify) Days Amount Days Amount Date Hours MD/DO MEDICAL BOARD Columbus, OH 43215-6127	$ \mathbf{j} = \mathbf{j} $	
Adverse reaction to RU-486 Patient hospitalized Patient received a transfusion Severe bleeding Other serious event (specify) Days Amount Days Amount Date Hours MD/DO MEDICAL BOARD Columbus, OH 43215-6127	5. Event(s) (Please check all that apply)	
Patient received a transfusion Severe bleeding Other serious event (specify)		
Patient received a transfusion	Adverse reaction to Blidge	
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/18 MD/D.O MEDICAL BOARD Columbus, OH 43215-6127	Patient results t	Patient hospitalized
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/18 MD/D.O MEDICAL BOARD Columbus, OH 43215-6127	Severe bleeding	
a. Name of physician who provided RU-486 b. Physician's signature Date Highs Date MD/D.0 And completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127		
a. Name of physician who provided RU-486 b. Physician's signature Date Highs Date MD/D.0 And completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	Other serious event (specify) + all of 13 h	
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/8 MD/DO MD/DO Megal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127		
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/8 Date 4/19/8 Date 4/19/8 MD/DO MEDICAL BOARD Columbus, OH 43215-6127	5. Duration of event	
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/8 MD/DO MD/DO Megal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	Hours Days	
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/8 Date 4/19/8 Date 4/19/8 MD/DO Date 4/19/8 Date 4/19/8 MD/DO MEDICAL BOARD Columbus, OH 43215-6127	7. Remarks:	·
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/8 Date 4/19/8 Date 4/19/8 MD/DO Date 4/19/8 Date 4/19/8 MD/DO MEDICAL BOARD Columbus, OH 43215-6127		
a. Name of physician who provided RU-486 b. Physician's signature Date 4/19/8 Date 4/19/8 Date 4/19/8 MD/DO Date 4/19/8 Date 4/19/8 MD/DO MEDICAL BOARD Columbus, OH 43215-6127	1 complicated suchan	
Date HIGHE MD/DO Date HIGHE Date HIGHE Date MD/DO MEDICAL BOARD Columbus, OH 43215-6127	·	
Date HIGHE MD/DO Date HIGHE Date HIGHE Date MD/DO MEDICAL BOARD Columbus, OH 43215-6127	a. Name of physician who prouds to	
Date	b. Physician's simulation by Physician by Ph	are Romaine
State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD	Tysician's signature	70,700
State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD	Data Hiphy	(MD/DO
Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127 MEDICAL BOARD	no completed forms	
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Columbus, OH 43215-6127	Legal Department	
Columbus, OH 43215-6127	30 E. Broad St., 3 rd Floor	MEDIO
A. S. Carlo	Columbus, OH 43215-6127	WEDICAL BOARD
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	Fided: 5//2011, Rev. 12/13/12	
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	
April	19 2018
2. Name of walt is	Day Year
2. Name of medical practice or facility at which RU-486 was prov Plunned Paventhood Cast Surge	vided:
3. Address of medical practice or facility at which RU-486 was pro	
3255 E. Main St. Columbus OH 43213	ovided:
4. Date post RU-486 complication began: 4/24/18	
5. Event(s) (Please check all that apply):	
Incomplete abortion Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion Severe bleeding	
Other serious event (specify)	·
6. Duration of event: Hours Days	
7. Remarks:	
uncomplicated D+C	
	·
8. a. Name of physician who provided RU-486	Hamley Page
8. b. Physician's signature	thenhe Romanos
	Moloo
Date	3318
Send completed forms to: State Medical Board of Ohl	io
Legal Department	·
30 E. Broad St., 3 rd Floor	20180
Columbus, OH 43215-6127	MEDICAL BOARD
Prescribed: 5//2011, Rev. 12/13/12	MAY A LONG
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was prov	vided:	_12	14	18
		Month	Day	Year
Name of medical prac Women's Med Da	tice or facility at which yton	RU-486 was provi	ded:	
3. Address of medical pra 1401 E Stroop Rd	ctice or facility at which	n RU-486 was pro	vided:	
Dayton, Ohio 4542	9			
4. Date post RU-486 comp	plication began:			
. Event(s) (Please check a	all that apply):			
Incomplete abortion	Adverse r	eaction to RU-485	Patient hospitalized	
Patient received a transfus	ion Severe bleeding			
Other serious event (specifi	n _ failed v	nedicator	abution	
. Duration of event:	Hours	_ Days		
. Remarks:				
kn	complicated	delation	und suction	i
a. Name of physician who	provided RU-486	Cat	henre Remai	
b. Physician's signature)	
	Date	1/10/	mo to c	and the second s
nd completed forms to:	State Medical	Board of Ohio		
	Legal Department	mam ma Wille	St. 18 Sellings Spinon. A come.	
	30 E. Broad St., 3rd Flo	oor	MEDICAL F	MARD
	Columbus, OH 43215		JAN 2 2	t de arc

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-486

1. Date RU-486 was prov	ided:	02	04	2020
11-0-1-0-1		Month	Day	Year
Name of medical pract	tice or facility at which	RU-486 was provi	ded:	
Women's Med Day	yton			
3. Address of medical pract 1401 E Stroop Rd	ctice or facility at which	RU-486 was pro	v ded:	
Dayton, Ohio 45429	9			
4. Date post RU-486 comp		1/18/8020	At the second se	
5. Event(s) (Please check a	il that apply):	rt to moor		
Incomplete abortion	Adverse r	eaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion	an Severe bleeding			
Other serious event (specify)			
. Duration of event:	Hours	Days		
		The state of the s		
Remarks: blucking	uncomplica	tect such	Sign /	
	U r con p	tor over	790	
a. Name of physician who	provided RU-486		Catherine	Ramanus, Mi)
b. Physician's signature	C		,	
,,			5/11/04	80
n.d	Date .		0/18/0	
nd completed forms to:	State Medical	Board of Ohio		DOAE
	Legal Department			MEDICAL BOAR
	30 E. Broad St., 3'd Flo			FEB 2 7 2020
	Calumbus, OH 43215	6127		

*/excribed 5/~/2011, Rev. 12/13/12

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided 80-486

1. Date RII-486 was prov	rided:	4	8	2020
The second secon		Month	Dey	Year
 Name of medical prac 	tice or facility at which I	RU-486 was provi	ded:	4
Women's Med Da				
3. Address of medical pra 1401 E Stroop Rd	ctice or facility at which	RU-486 was pro-	v ded:	
Dayton, Ohio 4542	9			
4. Date por RU-486 com	olication began:		ALCOHOL STATE OF THE STATE OF T	77.200CE::274.244.244.244.24
5. Event (Please check:	all that apply):	No.		
Intonte abomon	Adverse re	eaction to RU-485	Patient hospitalized	
Patie - received a transfes	ian Severe pleeding			
Other or ous event (specif	у)			440
5. Duration of event:	24_ Hours	Days		
7. Remai				
h	ncamplicated	D-E		
.a. Name of physician wh	o provided RU-486	Cather	ine Romanos	***************************************
b. Physic un's signature			- QDD	0
	Date		6/10/	20
and completed forms to:	State Medical	Board of Ohio		The state of the s
	Legal Department			
	30 E. Broad St., 3rd Flo	or	MEDICAL	BOADD

Columbus, OH 4321S-6127

Prescribed 1. 11, Rev. 12/13/12

MEDICAL BOARD

JUN 2 3 2020

Required pursuant to R.C. 2919.123)

To be completed by the physician who provided BU-485

1. Date 81. 486 was provided:	4	24	2020
	Month	Day	Year
7 Name of medical practice or facility at v	which RU-486 was provide	ded:	
Women's Med Dayton			
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:	5/26/20	20	
5. Evens in (Please check all that apply):		-	
incar siete aportion	dverse reaction to RU-485	Parient hospitali;	ted
Pat an inoceived a transfersion Severe ble	eding		
Callier serious event (specify)	gilled mas		
To the state of th			
6 Duration of event: 4 Hours	Days	Andrew Control	
7. Remark		120	
Incandica	hal D: E		
V Carry			
8. a. Name of physician who provided RU-	486 Cather	ione Ro	Malnos
8 p Physican signature		(MO	200
and the second	Date	5	6760
Spranner stockforms to: State	Date		

Send completed forms to

State Medical Board of Ohio

regal Department

30 E. Broad St., 3rd Floor

Columbus, CH 43215-6127

MEDICAL BOARD

IUN 0 9 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided 8U-485

1. Date RU-486 was provided:	04	29	2020
	Month	Day	Year
2. Name of medical practice or facility at w	vhich RU-486 was provide	d:	
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was provid	ed:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:		**	The second secon
5. Event(s) (Please check all that apply):			
Incomplete abortionAd (failed)	lverse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe blee	ding		
Other serious event (specify)			
6. Duration of event: Hours	Davs		P
7. Remarks:			
Dilati	an and Sucha		
3. a. Name of physician who provided RU-4	186 Catheri	re Roma	anos
B. b. Physician's signature	C	MO	à a
	Date 5/15/20		
end completed forms to: State N			

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAY 2 7 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided AU-485

1. Date RU-486 was provided:	_4	30	2020
	Month	Day	Year
Name of medical practice or facility at w	hich RU-486 was pro	vided:	
Women's Med Dayton			
Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was pr	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
or Evenday (crease check all that apply);			
Incomplete abortion Adv	verse reaction to RU-486	Patient hospitali	rad
(failed)			LEU
Patient received a transfusion Severe bleed	ding		
	•		
Other serious great imparis			
Other serious event (specify)			TOTAL STATE OF THE
	The second secon	-	
6. Duration of event: Hours	Days		
7. Remarks:		The state of the s	
dilation	i sucha		
a. Name of physician who provided RU-48	36		20MANOS
. b. Physician's signature			200
	Date5	Inter	The state of the s
and completed forms to	To the state of th		

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

MAY 1 8 2020



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

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	A	8	200
	Month	Day	Year
Name of medical practice or facility at v Women's Med Dayton	vhich RU-486 was prov	ided:	
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	which RU-486 was pro	vided;	
4. Date post RU-486 complication began:	9/2/202	20	
5. Event(s) (Please check all that apply):			
incomplete abortionAc	iverse reaction to RU-486	Patient hospitalize	
Patient received a transfusion Severe blee	eding		
Other serious event (specify) Fur	led mits		- Andrew States
6. Duration of event: 3 Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-2 8. b. Physician's signature	Date Course	erine Ro	manos, ud
Send completed forms to: State N	Medical Board of Ohio	and a state of the state of th	
Legal Departm	ent -		

MEDICAL BOARD

SEP 0 9 2020

30 E. Broad St., 3rd 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:		7	24	2000
	Mont	th	Day	Year
2 Name of medical practice or faci	lity at which RU-486 w	vas provided:		1 5 61
Women's Med Dayton				
3. Address of medical practice or fact 1401 E Stroop Rd	cility at which RU-486	was provided	3:	
Dayton, Ohio 45429				
4. Date post RU-486 complication be	egan: 10/2/2	Ō		
5. Event(s) (Please check all that app		4		79 715 11 11 11 11 11 11 11 11 11 11 11 11 1
Incomplete abornon	Adverse reaction to	RU-486 P	Patient hospitalized	
Patient received a transfusion Sev	ere pleeding			
Other serious event (specify)	failed	m tb		
6. Duration of event: 24 Ho	urs Days			
7. Remarks:		- X-02-	Name of the second seco	
WNO	complicated	D; S	<u> </u>	The state of the s
3. a. Name of physician who provided	I RU 486 CA	there	e Roma	nos
3. b. Physician's signature	Date	5	10/15/-	776
end completed forms to: S	tate Medical Board of	Ohio		
	partment	 	MEDICAL	BOARD
30 E. Bro	oad St., 3 rd Floor		•	
Columb	ic ON Abbits room		OCT 2 6	5 2020

Columbus, OH 43215-6127

Prescribed, 5/--/2011, Hev. 17/13/12



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

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	8	13	302 o
	Nonth	Day	Year
7 Name of medical practice or facility	at which RU-486 was provide	led:	1601
Women's Med Dayton			
3. Address of medical practice or facility 1401 E Stroop Rd	y at which RU-486 was prov	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	n: 8-17-2020		
5. Event(s) (Please check all that apply):			
Incomplete abomon (michical			
Incomplete abortion (Muchal)	"Adverse reaction to RU-486	Patient hospitalize	:d
Patient received a transfusion Severe b			
Other serious event (specify)			
5. Duration of event: Hours	Days		
7. Remarks;			
~ <	5 - unicompli		
') _	2 - hicompo	cate q	
a. Name of physician who provided RU	-486 Dolathe	rine Ron	nanos
. b. Physician's signature		MON	0.0
	Date	8/19/	20
nd completed forms to: State	Medical Board of Ohio		
Legal Depart		ME	DICAL BOARD

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

JICAL ROAKD

AUG 2 4 2020



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:		9	2020
2. Name of medical practice as facility	Month	Day	Year
 Name of medical practice or facility at a Women's Med Dayton 	which KU-486 was provid	ed:	
O Address of the Links			
Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was provi	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	10/16/20		
5. Event(s) (Please check all that apply):			
Incomplete abortion Ac	lverse reaction to RU-486	Patient hospitalize	ed _.
Patient received a transfusion Sevare blee	ding		
Other serious event (specify)			-
6. Duration of event: Hours	Days	the state of the s	
7. Remarks;			
. a. Name of physician who provided ROY	oc Patha	120 D	- No. of the last
. b. Physician's signature	86 Carthe	rule kon	canos
a signature	Date	(MD) 10/22/	2~
and completed forms to: State M	orlies Doord of St.		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 1 2 2020

Prescribed: 5/--/2011, Rev. 12/33/12



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	LI 20 20
Name of medical practice or facility at w Women's Med Dayton	
3. Address of medical practice or facility at 1 1401 E Stroop Rd	which RU-486 was provided:
Dayton, Ohio 45429	
4. Date post RU-486 complication began:	11/24/20
5. Event(s) (Please check all that apply);	
incomplete abortionAdv	verse reaction to RU-486Patient hospitalized
Patient received a transfusion Severe bleed	
Other serious event (specify)	
6. Duration of event: Hours	Oays
7. Remarks: Whican	nplicated suction
8. a. Name of physician who provided RU-48. 8. b. Physician's signature	or Carlyine Kmanos
and completed form	Date 12/3/20

MEDICAL BOARD

DEC 09 2028

Legal Department

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

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

MEDICAL BOARD

JAN 2 7 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-486

1. Date RU-486 was provided:	12	11	2020
	Month	Day	YEBT
2. Name of medical practice or facility at a	which RU-486 was prov	ided:	The second secon
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was pro	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	01-12-208) /	
5. Event(s) (Please check all that apply):			
Incomplete abortion Ac	dverse reaction to RU-485	Patient hospitaliza	ed
Patient received a transfusion Severe blee	eding		
Other serious event (specify)	Continung	pregnancy.	TOTO CONTINUES IN
. Duration of event: Hours	X . W. W. W. L.		
. Remarks:	the P. D. Landson and Control of the P. D. Landson and the P. Landso		
a. Name of physician who provided RU-4	oc Milliant	- D-	
	SUCHUM	y Romano	S
b. Physician's signature		(CR	<u> </u>
	Date	7 1/14/9	And the state of t
	Medical Board of Ohio		The ball of the state of the st
Legal Departm			

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:	12 Month	17	2020
Name of medical practice or facility at whi Women's Med Dayton		Day vided:	Year
3. Address of medical practice or facility at will 1401 E Stroop Rd	hich RU-486 was pr	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):	***************************************		- Herbert Military
Incomplete abortion Adver	rse reaction to RU-486	Patient hospitaliz	red
Patient received a transfusion Severe bleedin	ng		
Other serious event (specify)			-
6. Duration of event: 24 Hours	Days		
7. Remarks:	A COLUMN TO THE COLUMN THE PROPERTY OF THE PRO	The state of the s	
uncomp	Ovcaled	suefich	
3. a. Name of physician who provided RU-486 3. b. Physician's signature	Catherin		Mo Do
end completed forms to: State Mod	ate	12/2	23/26

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 04 2028



(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	20
	Month	Day	Year
Name of medical practice or facility at wh Women's Med Dayton	ich RU-486 was provide	ed:	
Women's Wed Dayton			
3. Address of medical practice or facility at w 1401 E Stroop Rd	hich RU-486 was provid	led:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	12/28/20		Table and the same of the same
5. Event(s) (Please check all that apply):			
Incomplete abortion Adver	rse reaction to RU-486	_ Patient hospitalize	d
Patient received a transfusion Severe bleeding	ng		
Other serious event (specify)			
6. Duration of event: Hours	Days		/
7. Remarks:			
incomplicat	ted suction		
3. a. Name of physician who provided RU-486	Catherin	e Romes	nos
B. b. Physician's signature		(MD)	0.0
D.	ate	> Tiel	7 /
end completed forms to: State Med	lical Board of Ohio		7) hadden

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 1 4 2021



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-488

1. Date RU-486 was provided:	09	0(19
	Month	Day	Year
Name of medical practice or facility Women's Med Dayton	at which RU-486 was pr	ovided:	
3. Address of medical practice or facility 1401 E Stroop Rd	y at which RU-486 was p	provided:	
Dayton, Ohio 45429			and the state of t
4. Date post RU-486 complication bega	n: 8/13/19		
5. Event(s) (Please check all that apply)	•		
Incomplete abornon (failed)			
Incomplete abortion (Pai Ud)	_ Adverse reaction to RU-48	5 Patient hospitaliz	ed
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
6. Duration of event: Hours	s Days		
7. Remarks: Who complied to the	ed dilation	and Suchi	Cu
3. a. Name of physician who provided 1	RU-486 AOHO	erine Ron	ranos
B. b. Physician's signature	Date	8/15/19	V00-
	The second secon		A CONTRACTOR OF THE PARTY OF TH
end completed forms to: Sta	ite Medical Board of Ohi	0	
send completed forms to: Sta	ate Medical Board of Ohi artment	o /	EDICAL BOARD AUG 2 6 2019

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	07	19	19	
	Month	Day	Year	
2 Name of medical practice or facility	at which RU-486 was provide	d:		
Women's Med Dayton				
3. Address of medical practice or facilit 1401 E Stroop Rd	ty at which RU-486 was provid	ed:		
Dayton, Ohio 45429				
4. Date post RU-486 complication bega	o8/05/19		na katalan kata	
5. Event(s) (Please check all that apply)):			***
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized		
		_ ration rospitalized		
Patient received a transfusion Severo	c bleeding			
Other serious event (specify)				
6. Duration of event: Hours	s Davs			
				
7. Remarks:		-		
peneanal	licated dilation o	and Suchica		
		,	•	
O - Managara de la constante d	0.11			
8. a. Name of physician who provided	RU-486 <u>Caymerinu</u>	e Romanos		
8. b. Physician's signature		(MB/D	0	
	Date	8/16/19		
Send completed forms to: St/				
Legal Dep.	ate Medical Board of Ohio		CAL BOA	RD
	ad St., 3 rd Floor			
		4	UG 2 6 2019	
Columbus	6, 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:	JULY) Month	15 0av	2010 Year
Name of medical practice or facility at Women's Med Dayton	which RU-486 was provi	ded:	
3. Address of medical practice or facility a 1401 E Stroop Rd	at which RU-486 was pro-	v ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	8/6/19	•	Particular de la constanta de
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-485	Patient hospita	العمرا
	বিবাস করে। প্রবাহন সাম্প্রতি (है कि । १६ क्		
Patient received a transfusion Severe bloom	eeding		C. variable de la constant de la con
			A CONTRACTOR OF THE CONTRACTOR
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
	t craker		
uncomplicated	c swinge.		Acquire accounts
4.00		en e	No. (1) (1) (1) (1) (1)
3. a. Name of physician who provided RU	.486 <u>Catheri</u>	ne Roma	m05
3. b. Physician's signature	,	M	Dipa
	Date	3/10/19	

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

AUG 2 6 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	May	03	2019
	Month	Day	Year
 Name of medical practice or facility at Women's Med Dayton 	which RU-486 was provid	ed:	
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:	5/17/19		
5. Event(s) (Please check all that apply):			
Incomplete abortion A	dverse reaction to RU-486	Patient hospitalize	eć
Patient received a transfusion Severe ble	eding		
Other serious event (specify)	ed clot		
6. Duration of event: Hours	Days		
7. Remarks:			
unecompl	icuted such	ca	
. a. Name of physician who provided RU-2	186 Cather	ine Ron	manos
. b. Physician's signature	V 3	5 - 621	Do
	Date	5/80	119
	Medical Board of Ohio		
Legal Departm			MEDICAL BOAR
30 E. Broad St.	•		11N 1 7 2019
Columbus OH	グロウイモ ビュッツ		HIN I A /UIJ



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	April		2019
Name of medical practice or facility at Women's Med Dayton	Menth which RU-486 was provid	_{Day} led:	Year
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	it which RU-486 was prov	ded:	
4. Date post RU-486 complication began:	5/14/19		
5. Event(s) (Please check all that apply):	dverse reaction to RU-486	Patient hospitalize	1
Patient received a transfusion Severe ble	eding		
Other serious event (specify)	ha mts		
6. Duration of event: Hours	Days		
7. Remarks: Uncomput	Wed Dilaha	n and S	Buetra
a. Name of physician who provided RU-	186 <u>Catherine</u>	2 Daman	26
. b. Physician's signature		e Romani	99
end completed forms to: State N	Date	$\frac{3}{5}$	0/19
	Medical Board of Ohio		DICAL BOARD
Legal Departm 30 E. Broad St		ME	
Columbus, OH		ŕ	JUN 1 7 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was prov	rided:	<u>April</u>		2019
		Morth	Day	Year
 Name of medical pract Women's Med Day 	lice or facility at whi yton	ch RU-486 was provid	led:	
3. Address of medical pra- 1401 E Stroop Rd	ctice or facility at wh	hich RU-486 was prov	ided:	
Dayton, Ohio 4542				
4. Date post RU-486 comp	olication began: 4	122/19		
5. Event(s) (Please check a	all that apply):			
Incomplete abortion	Adver	se reaction to RU-486	Patient hospital	ized
Patient received a transfus	ionSevere bleedin	&		
01				
Other serious event (specif	y)			
6. Duration of event:	Hours	Days		
7. Remarks:		Account to the second s		
	dilation	1 and such		
	•			
. a. Name of physician wh	o provided RU-486	Mark	Me Pan	Onne
L.b. Physician's signature		Charles of the same of the sam	in Kill	nanos
o organization	Ď:	ate	7	400 2019
end completed forms to:				
	State Med	ical Board of Ohio	S. 4 mm	
	Legal Department	•	MED	ICAL -
	Legal Department 30 E. Broad St., 3"		MED	ICAL BOARD

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	March	18	2010
	Month	Day	Year
 Name of medical practice or facility Women's Med Dayton 	y at which RU-486 was provid	ed:	
3. Address of medical practice or facili 1401 E Stroop Rd	ty at which RU-486 was provi	ded:	
Dayton, Ohio 45429			
4. Date post RU-486 complication bega	an: 3/19/19		
5. Event(s) (Please check all that apply):		
Incomplete abortion			
washingsi	Adverse reaction to RU-485	Patient hospitaliz	ŧď
Patient received a transfusion Severe	e bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
tissue rei	noved 4mm course	1 00	
baraj	drocked Suchra	~ •	
3. a. Name of physician who provided I	RU-486 COTHERINA	Romano	<i>C</i> ₃
b. Physician's signature			
	Date) 4/10/19	D.O.
end completed forms to: Sta	te Medical Board of Ohio		
Legal Depa			
	i St., 3 rd Floor		AL BOARD
	OH 43215-6127	AP	2 5 2019



(Required pursuant to R.C. 2919.123)

1 Date Oil 400			
1. Date RU-486 was provided:	March		2010
Name of medical practice or facility Women's Med Dayton	Month y at which RU-486 was pro	Day Ovided:	Year
3. Address of medical practice or facili 1401 E Stroop Rd Dayton, Ohio 45429	ty at which RU-486 was p	rovided:	
4. Date post RU-486 complication bega	an: 3/12/19		
5. Event(s) (Please check all that apply) Incomplete abortion	: Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
5. Duration of event: Hours	Days		
Remarks: Warphal	ed dilahan	suction	
a. Name of physician who provided R	4486 Cathe	rine Roma	1006
b. Physician's signature	Date	3/2/19	
end completed forms to: Stat	e Medical Board of Ohio		
	St., 3 rd Floor	MEDICA	LBOARD
	OH 43215-6127	APR 0	





(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	February 28 2019
 Name of medical practice or facility Women's Med Dayton 	Month Day Year ty at which RU-486 was provided:
3. Address of medical practice or facil 1401 E Stroop Rd Dayton, Ohio 45429	lity at which RU-486 was provided:
4. Date post RU-486 complication beg	ian: 415119
5. Event(s) (Please check all that apply Incomplete abortion	Adverse reaction to RU-486 Patient hospitalized
Patient received a transfusion Severe Other serious event (specify)	
. Duration of event: Hours	s Days
'. Remarks: ሜኤር ት	ian - uniomplicated.
a. Name of physician who provided b. Physician's signature	Date Patherine Romanos MI
nd completed forms to: Stat	te Medical Board of Ohio
Legal Depa	
30 E. Broad	i St., 3 rd Floor
Columbus,	OH 4321S-6127



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

To be completed by the physician who provided RU-485

1. Date RU-486 was prov	rided:	February	22	2019
 Name of medical practical practic	tice or facility at which	RU-486 was provided:	Day	Year
3. Address of medical pra 1401 E Stroop Rd Dayton, Ohio 4542		ch RU-486 was provided:		
4. Date post RU-486 comp	olication began: 2	127/19		
5. Event(s) (Please check a	Il that apply):			
Incomplete abortion		reaction to RU-485 Pa	tient hospitalized	
Patient received a transfusi	on Severe bleeding			
Other serious event (specifi	/)			Marine State of the State of th
6. Duration of event:	Hours	_ Days		
7. Remarks: からら Suc	he removed the first uncomp	frm os.		
a. Name of physician wh	o provided RU-486	Catherine	Roma	n05
. b. Physician's signature	Date		5 4/16/	19
end completed forms to:	State Medica	Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd F	loor	MEDI	CAL BOARD
	Columbus, OH 4321	5-6127	AP	R 2 5 2019



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Februar	1 07 , 2019
Name of medical practice or facility Women's Med Dayton	Month ty at which RU-486 was provi	Day Year ded:
3. Address of medical practice or faci 1401 E Stroop Rd Dayton, Ohio 45429	lity at which RU-486 was prov	/ided:
4. Date post RU-486 complication be	gan: 02/21/19	
5. Event(s) (Please check all that appl		Patient hospitalized
Patient received a transfusion Seve Other serious event (specify)	re bleeding	
6. Duration of event: Hou	rs Days	
7. Remarks: Uncanplical	e dilahon: s	he fig.
. a. Name of physician who provided . b. Physician's signature		rine Romanos, MD
end completed forms to: St	Date ————————————————————————————————————	49
Legal Dep		MEDICAL BOARD
	, OH 43215-6127	MAR 0 4 2010



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was prov	rided:	Januaru	25	2019
		Month	Day	Year
 Name of medical prac Women's Med Da 	tice or facility at which yton	RU-486 was provided		
3. Address of medical pra 1401 E Stroop Rd	ctice or facility at which	RU-486 was provide	d:	
Dayton, Ohio 4542	9			
4. Date post RU-486 comp	olication began: 13	1/2019		
5. Event(s) (Please check a	all that apply):			
Incomplete abortion	Adverse r	eaction to RU-485	Patient hospitalized	; }
Patient received a transfus	ionSevere bleeding			
Other serious event (specif	y) <u>Failed</u> m	sdication abo	Ma	
Duration of event:	Hours	_ Days		
'. Remarks;				
U	ncemplicated	dilahona	nd Such	ha
a. Name of physician wh	o provided RU-486	Patherine	Romanos	
b. Physician's signature				
	Date	1/3:1		de la companya de la
nd completed forms to:	State Medical	Board of Ohio		
	Legal Department		MEDIC	AL BOARD
	30 E. Broad St., 3rd Flo	oor	*	
	Columbus OH 43215	£177	FFR	£ 9 2019



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:		Tan in	. ZII	
		<u>JANUAYU</u> Month)	_ 2019
Name of medical practice or facility a Women's Med Dayton	at which RU-4	36 was provided		Year
3. Address of medical practice or facility 1401 E Stroop Rd Dayton, Ohio 45429	at which RU-4	186 was provide	d:	
4. Date post RU-486 complication began	" 2/14	19		
5. Event(s) (Please check all that apply): Incomplete abortion		n to RU-485	Patient hospitali	Zed
Patient received a transfusion Severe b	pleeding			
Other serious event (specify)				
5. Duration of event: Hours _	Day	s		
7. Remarks:		And the second s		
uncompirated	dilat	or and	Suchq	
. a. Name of physician who provided RU	J-486 <u>(</u>	'atherme	Roman	106
. b. Physician's signature	Date			200
end completed forms to: State	Medical Boar			
Legal Departi				MEDICAL BOARD
30 E. Broad S	St., 3 rd Floor			MAR 0 4 2019
Calculation				**************************************

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	January II	2019
Name of medical practice or facility at v Women's Med Dayton	Month Day which RU-486 was provided:	Year
3. Address of medical practice or facility at 1401 E Stroop Rd Dayton, Ohio 45429	which RU-486 was provided:	
4. Date post RU-486 complication began:		
5. Event(s) (Please check all that apply):		
Incomplete abortion Ad	verse reaction to RU-485 Patient hospit	alized
Patient received a transfusion Severe blee Other serious event (specify) Rollsol	miclication abotion	
6. Duration of event: Hours	Days	
	plation and Suchon.	
8. a. Name of physician who provided RU-4: 8. b. Physician's signature	86 Catherine Romai	105
s. o. mysician s signature	Date 1110 0	2)00
end completed forms to: State M	ledical Board of Ohio	
Legal Departme		
30 E. Broad St.,		•
Columbus, OH	43215-6127	



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	ed: Janua	my 12	2015
	Month	Day	Year
2. Name of medical practice PPOH	e or facility at which RU-486 was pro	ovided:	
3. Address of medical practi	ce or facility at which RU-486 was p	rovided:	
3255 East 1	vain St., Wumb	u), DH	43213
4. Date post RU-486 compli			
5. Event(s) (Please check all	that apply):		
Incomplete abortion Patient received a transfusio Other serious event (specify)		6 Patient h	ospitalized
6. Duration of event:	Hours Days	<i>\</i>	
7. Remarks:	secondary to Fi	> pot	ocol.
8. a. Name of physician who	provided RU-486	ithenre R	manl
8. b. Physician's signature		9.	WD/DO
	Date		3/15
Send completed forms to:	State Medical Board of Oh	io l	
	Legal Department	.5	
	30 E. Broad St., 3 rd Floor		
	Columbus, OH 43215-6127	M	EDICAL DOARD
			FEB 9 2015
Prescribed: 5//2011, Rev. 12/13/12			A Manage A



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	MALO	bex 13	2017	
	Month		Day	Year
2. Name of medical practice or facility a	et which RU-486 w	as provided:		
3. Address of medical practice or facility	at which RU-486	was provided:		
355 East Main St.	Columbus	04 432	213	
4. Date post RU-486 complication began	and the state of t			
5. Event(s) (Please check all that apply):		£		
Incomplete abortion	Adverse reaction to	RU-486 Pa	atient hospitalized	
Patient received a transfusion Severe	bleeding			,
Other serious event (specify)				·
6. Duration of event: Hours	Days			
7. Remarks: Incomplete medicat Protocol.	tion aloution	follow	oing FD	A approved.
8. a. Name of physician who provided R	U-486 ·	Catheri	ru Roma	nas
8. b. Physician's signature	Date	10/28/1	MDD	.0
Send completed forms to: Stat	te Medical Board o	of Ohio	•	
Legal Depa	rtment			
30 E. Broad	St., 3 rd Floor		MEDICAL	BOARD
Columbus,	OH 43215-6127		NOV	2 2015



State Medical Board of Ohio Report of RU-486 Event MEDICAL BOARD

(Required pursuant to R.C. 2919.123)

MAR 8 2016

To be completed by the physician who provided RU-486

1. Date RU-486 was provided	:	1	27-	
		Month	. Day	Year
2. Name of medical practice	or facility at which R	U-486 was provid	led:	
3. Address of medical practic	e or facility at which にいけ、Culu			
4. Date post RU-486 complica	ation began:			
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitalized	
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	_ Days	•	
7. Remarks: Fuiled 1	nto (non u	rable rup) due to	
FDA rigimer	1			
8. a. Name of physician who	provided RU-486	_Cath	erine Rom	anos
8. b. Physician's signature	Date	5	3/3/14	20
Send completed forms to:	State Medica	l Board of Ohio		
	Legal Department			
•	30 E. Broad St., 3 rd Fl	loor		•
:	Columbus, OH 4321	5-6127		

C,



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	led:	April		2016
		Month	Day	Year
2. Name of medical practic	ce or facility at which RU A PAY CVH NOOD			Center
3. Address of medical pract	ice or facility at which R	U-486 was provid	ed:	
3255 E M	ain St., W	umbus	OH 43	213
4. Date post RU-486 compl				
5. Event(s) (Please check al	l that apply):			
Incomplete abortion	Adverse rea	ction to RU-486	_ Patient hospital	ized
Patient received a transfusion	on Severe bleeding			
Other serious event (specify)			
6. Duration of event:	Hours	Days		
7. Remarks: Failed	Molication a	botan, au	nhnune	programy
8. a. Name of physician wh	o provided RU-486	ROMAN	IS	
8. b. Physician's signature			3	1001
	Date -			125/14
Send completed forms to:	State Medical	Board of Ohio		
*.	Legal Department		M	EDICAL BOARD
	30 E. Broad St., 3 rd Flo	or		
	Columbus Oll 42245	C407		APR 2 6 2016

Columbus, OH 43215-6127



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

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-486

1. Date RU-486 was provided:	April	21 Day	2016 Year
2. Name of medical practice or facility at	which RU-486 was prov	ided:	
3. Address of medical practice or facility a			432B
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply): Incomplete abortion Patient received a transfusion Other serious event (specify)		Patient hospital	ized
6. Duration of event: Hours _	Days		
7. Remarks: D:C for bluden	9.		
8. a. Name of physician who provided RU 8. b. Physician's signature	Date Cathery	Le Romano	1/00 7/14
	e Medical Board of Ohio		***************************************
Legal Depart	tment St., 3 rd Floor		·
55 1. 51044	, - 1 1001		

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MAY

2 2016



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	The	5 Day	2016
			Year
2. Name of medical practice or facility at wh Planned Parent			réal
3. Address of medical practice or facility at w			
3255 E. Main St	ampus	OH Y	1343
4. Date post RU-486 complication began:	6/7/1	6	
5. Event(s) (Please check all that apply):			
	and the same of		
Incomplete abortionAdve	erse reaction to RU-486	Patient hospi	talized
Patient received a transfusion Severe bleedi	ng	V	MEDICAL BOARD
Other serious event (specify)			JUN 13 2016
6. Duration of event: <u>24</u> Hours	Days		
7 Remarks: a smalala as a lara	- 2f 02c		
7. Remarks: in complete expulsion		au 10	
scuere fibrid when	ws.	•	
8. a. Name of physician who provided RJ/~48	6 ·	Co	therine Romanus
			7.
8. b. Physician's signature		M	LD // D.O.
	Date <		0/9/1CP
Send completed forms to: State Mo	edical Board of Ohio		•
Legal Departme	ent		
30 E. Broad St.,	3 rd Floor		·
Columbus, OH	43215-6127		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Jure	6	201
	Month	Day	Year
2. Name of medical practice or facility at which R RAMWED RAWHANA		ovided: SUNALCAO	Center
3. Address of medical practice or facility at which	RU-486 was p	rovided:	
3295 f. Main st.	count	aus Al	43213
4. Date post RU-486 complication began:	6/15/1	ط.	
5. Event(s) (Please check all that apply):			
Adverse re	eaction to RU-486	Patient hosp	italized
Patient received a transfusion Severe bleeding			•
Other serious event (specify)			
6. Duration of event: Hours	_ Days		
7. Remarks: Faled Medication as SIP D:C	action		
8. a. Name of physician who provided RU-486			From Anos
8. b. Physician's signature	0	= \(\int \(\lambda \)	(D)/D0
Date		co/15/1ce	
Send completed forms to: State Medical	Board of Ohio)	
Legal Department			MEDICAL BOARD
30 E. Broad St., 3 rd Flo	oor		
Columbus, OH 43215	5-6127		JUN 1 7 2016

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Mon	14	D _D	1016 Year
2. Name of medical practice or facility a	t which RU-486 v	was provided	1:	
3. Address of medical practice or facility 3255 East Main St.				3
4. Date post RU-486 complication began				
5. Event(s) (Please check all that apply):	Adverse reaction to) RU-486	_ Patient hospitali	zed
Patient received a transfusion Severe b	pleeding			
Other serious event (specify)				Andrews drive a function of the state of the
6. Duration of event: A Hours	Days	Mark kanning - stayling	٠	·
7. Remarks: Fould medical above ho	n completed s	wquálly		
8. a. Name of physician who provided R	U-486 ·	Zomano3		
8. b. Physician's signature	MU	7/15/2014		./0.0
Send completed forms to: Stat	e Medical Board	of Ohio		
Legal Department 30 E. Broad	rtment St., 3 rd Floor		MEI	DICAL BOARD
: Columbus,	OH 43215-6127		•	JUL 1 8 2016

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

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	ed:	August	16	2016
		Month	Day	Year
2. Name of medical practice PPGOH	e or facility at which	ch RU-486 was provid		
				AL BOARD
3. Address of medical practi 3255 W Columbu	Main ST			3 2 9 2016
4. Date post RU-486 compli		8/24/2014		
5. Event(s) (Please check all				
Incomplete abortion	Adver	se reaction to RU-486	Patient hospitalized	
Patient received a transfusio	n Severe bleedir	ng		
X Other serious event (specify)	Failed	medicul abort	an	-
6. Duration of event:	ZHours	Days		
7. Remarks: Surgial comple	hui of abov	huri		
8. a. Name of physician who	provided RU-48	c, Rov	ranos	
8. b. Physician's signature	_m	Date 8/24/20	M.D./1	0.0
Send completed forms to:	State Me	edical Board of Ohio		Photos Signature and Signature
	Legal Departme	nt		
	30 E. Broad St.,	3 rd Floor		
	Columbus, OH	43215-6127		
Prescribed: 5//2011 Ray 12/12/12				



(Required pursuant to R.C. 2919.123)

(20) - 20 - 21	
1. Date RU-486 was provided:	
Month Day Year	
2. Name of medical practice or facility at which RU-486 was provided:	
3. Address of medical practice or facility at which RU-486 was provided:	
3255 E. Main & Columbas of 432B	
4. Date post RU-486 complication began: (21516	
5. Event(s) (Please check all that apply):	!
Incomplete abortion Adverse reaction to RU-486 Patient hospitalized	
Patient received a transfusion Severe bleeding MEDICAL BOARD	
OCT 1 7 2016	
Other serious event (specify)	
6. Duration of event: Hours Days	
7. Remarks:]
in complete MtB required Suction procedure	
8. a. Name of physician who provided RU-486 Lisa Keder we Certherive Par	ha
8. b. Physician's signature M.D/D.O	
Date	
Send completed forms to: State Medical Board of Ohio	
Legal Department	
30 E. Broad St., 3 rd Floor	
Columbus, OH 43215-6127	
Prescribed: 5//2011, Rev. 12/13/12	



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		Novemb	oer	3	2016
	· ***	Month	1	Day	Year
2. Name of medical practice or 1 Planned Parent		RU-486 was pro	vided:		
3. Address of medical practice of 3255 East Main Columbus, OH	street		ovided:		
4. Date post RU-486 complicatio	n began: 1)//	0/16			
5. Event(s) (Please check all that X incomplete abortion		reaction to RU-486	Pati	ent hospitalized	
Patient received a transfusion	_ Severe bleeding		er (m. 1900) and		
Other serious event (specify)					
6. Duration of event:	_Hours19	Days			
7. Remarks:					
8. a. Name of physician who pro	vided RU-486	Cath	erine	Roma	nos
8. b. Physician's signature	Da	ate		MD/ 12/14	<u> </u>
Send completed forms to:	State Med	ical Board of Oh	io		
·	gal Department				
30	E. Broad St., 3"	d Floor	}		
Co	lumbus, OH 43	215-6127		MEDIC	AL BOARD
				NIU)	/ 25 2016
Prescribed: 5//2011, Rev. 12/13/12				INU '	A 188 A PAIA



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	1 (1) (0)	2014 17	
11. Date NO-480 was provided:	Novemb	xr 1+	2016
	Month	Day	Year
2. Name of medical practice or facility at which	RU-486 was prov	ided:	
Planned Parenthood -	FAST SULL	rical	
	2001 001.9	7007	
3. Address of medical practice or facility at whi	ch RU-486 was pro	vided:	
3255 East Main St			; ;
Columbus, OH 43213			
4. Date post RU-486 complication began:			
12/15/16		i	
5. Event(s) (Please check all that apply):		•	
Incomplete abortion Adverse	roaction to DII 40C		
Auverse	e reaction to RU-486	Patient hospit	alized
Patient received a transferior Co. 11. 11		÷	
Patient received a transfusion Severe bleeding		•	
X Other serious event (specify) Failed Me	aication i	Abortio	n
6. Duration of event: Hours 33	, ,	ŧ	
o. Bulation of event: Hours	Days	i	
7. Remarks:	·		
D. Openfarrad - u	naughira-	d	
`	V	'	
	0.11	;	
8. a. Name of physician who provided RU-486	Catheri	ne Kom	anos
8. b. Physician's signature	()	M	7/00
		12729/1	11 -
	te	10/69/1	<u> </u>
Send completed forms to: State Medi	cal Board of Ohio	į :	
Legal Department		B	
30 E. Broad St., 3 rd	Floor		STOLE BOARD
Columbus, OH 43:		→ MEI	DICAL BOARD
	012/	i :	JAN 03 2017
		i	ALITA A RAIL



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

1. Date RU-486 was provided:	<u>Novemb</u>	OEV 22	QOLO Year
2. Name of medical practice or facility Planned Parenth			
3. Address of medical practice or facility 3255 East Main 8 Columbus, Ohio	\$ †	'ided:	
4. Date post RU-486 complication began $12/e/10$	an:		
5. Event(s) (Please check all that apply			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Sever	e bleeding		
X Other serious event (specify) $Fail$	ed abortion		· ·
6. Duration of event: Hour	s The Days	N	
7. Remarks: FDA Mudication abortion on 12/13/14.	n equad failo	1. Dic for	ongoing IW
8. a. Name of physician who provided 8. b. Physician's signature	RU-486 CATHER Date		1005 2/13/16
Send completed forms to: St	ate Medical Board of Ohio		
Legal Dep 30 E. Broa	artment ad St., 3 rd Floor		MEDICAL BOARD
	s, OH 43215-6127		DEC 1 6 2016



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

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		11	29	2010
		Month	Day	Year
2. Name of medical practice or f Planned Parenthood			vided:	
3. Address of medical practice or 3255 East Main St	facility at which	RU-486 was pr MS, ONIO	ovided: 43213	
4. Date post RU-486 complication	n began: 1/2	3/17		
5. Event(s) (Please check all that	apply):			
Incomplete abortion	Adverse r	reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion	Severe bleeding			,
X Other serious event (specify)	afled Med	dication,	Hoortion	
6. Duration of event:	Hours 45	Days		
7. Remarks: Failed Med	icution A	buiton i	with Ofc 1	procedure
8. a. Name of physician who prov	rided RU-486	Cather	ine Romar	LOS
8. b. Physician's signature	· ()MD	/n o
	Date	e	- 1/17/	
Send completed forms to:	State Medic	al Board of Ohio		
Lega	al Department			
30 E	. Broad St., 3 rd F	loor	MEDI	CAL BOARD
Colu	ımbus, OH 432:	15-6127		N 1 0 2015



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ded:	12	10	20110
	· 	Month	Day	Year
2. Name of medical practice Plunned Patch	ce or facility at which H00d East	RU-486 was pro - Columb	vided: DUS SUMJI	al
3. Address of medical pract 3255 East Mui				
4. Date post RU-486 compl	ication began:	5/17		The second secon
5. Event(s) (Please check al	I that apply):	, ,		
Incomplete abortion Patient received a transfusion		reaction to RU-486	Patient hospitali	zed
X Other serious event (specify	, Failed Me	dication.	Abortion	
6. Duration of event:	Hours _35	Days		
7. Remarks: Failed	Medication.	Abertion	with D30	c procedure
		<u> </u>		
8. a. Name of physician wh	o provided RU-486	Cithen	ne Roman	105
8. b. Physician's signature	Dat	te		(17/17)
Send completed forms to:	State Medic	cal Board of Ohio)	-
	Legal Department			
	30 E. Broad St., 3 rd	Floor		
	Columbus, OH 432	215-6127	MEDICAL	BOARD
			JAN 1 9	2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	12	13	1/2
		Month	Day	Year
2. Name of medical practice Planned Parc	ne or facility at which RL Mhood — Eas	1-486 was provid	led: A/	
3. Address of medical pract 3255 East M COLUMBUS, O	ain St	U-486 was prov	ided:	
4. Date post RU-486 compli				
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse rea	ction to RU-486	Patient hospitalized	
Patient received a transfusio	n Severe bleeding			
X Other serious event (specify)	Failed Med	ication ?	Abortion	
6. Duration of event:	Hours9	Days		
7. Remarks:	mud warrang	lication		
8. a. Name of physician who	provided RU-4 <u>8</u> 6	Catherin	ne Roman	ias
8. b. Physician's signature			NAP /	D.O
	Date -		12/29/	lig
Send completed forms to:	State Medical	Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Flo		MEDICA	AL BOARD
	Columbus, OH 43215	-6127		
			IJAN	03 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provi	ided:	
	Itember 15	<u> 2016</u>
2. Name of medical pract	month Day tice or facility at which RU-486 was provided: 14000 - East Surgical	Year
	The state of the s	
3. Address of medical prace 3255 East M	ctice or facility at which RU-486 was provided: 1 Min St., Cliumbus, 0H10 43213	3
4. Date post RU-486 comp	olication began: 12/22/16	
5. Event(s) (Please check a	ıll that apply):	
Incomplete abortion	Adverse reaction to RU-486 Patient hospitalized	
Patient received a transfusion	on Severe bleeding ME	DICAL BOARD
X Other serious event (specify	" Failed Medication Abortion	JAN 1 0 2017
6. Duration of event:	Hours 15 Days	
7. Remarks: failed medicate	on abortion resolved with Dic - u	un complicated
8. a. Name of physician who	o provided RU-486 Catherine Ruma	inas
8. b. Physician's signature	Date Date	2.0
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	
	30 E. Broad St., 3 rd Floor	
	Columbus, OH 43215-6127	