

## 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:		24	22
	Month	Day	Year
2. Name of medical practice or facility at wh	nich RU-486 was pro	vided:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Women's Med Dayton			
3. Address of medical practice or facility at w 1401 E Stroop Rd	vhich RU-486 was pr	rovided:	To a supplication of the s
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	3	and March March and Control of State Con	
5. Event(s) (Please check all that apply):			
XIncomplete abortion Adv	verse reaction to RU-486	Patient hospital	ilzed
Patient received a transfusion Severe bleed	ding		
Other serious event (specify)			The American Control of the Control
6. Duration of event: Hours	Ø		
7. Remarks: Partient presented Underwert unco	t with f mplicated	retained =	TUP_
8. a. Name of physician who provided RU-4	186 <u>Keit</u>	h Reising	jer-Kincle
8. b. Physician's signature	Date 2/2/27		2/00

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

FEB 17 2022 STATE MEDICAL BOARD OF OHIO



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

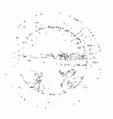
(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	01	25	22
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provid	ed:	
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was prov	ded:	
Dayton, Ohio 45429			# 28300
4. Date post RU-486 complication began:	3/16/22		
5. Event(s) (Please check all that apply):		**************************************	
✓ Incomplete abortion	Adverse reaction to RU-485	Patient hospitalize	d
Patient received a transfusion Severe bi	leeding		
Other serious event (specify)		·	
Other serious event (specify)	Days	DTE AB.	
Other serious event (specify)  6. Duration of event: Hours	Days Uncomplicated Failed M		r-Kivale

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

APR 0 6 2022



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Month	Day	Year
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nich RU-486 was pr	ovided:	
3/11/20A	9	
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rse reaction to RU-486	Patient hospital	ized
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		marketing and the contract of
Days		
replicated failed M	AB.	
	MI	
	ch RU-486 was provided RU-	ch RU-486 was provided:  3/11/QCDQ  rich RU-486 was provided:  By Patient hospital  Days  Apricated failed mab.  MI  Could be Meith Resinger-16

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

APR 0 6 2022

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Wenth 36 was provided: 186 was provided:	Day	Year
186 was provided:		
	1/2 	
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n to RU-485Pat	dent hospitalized	
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c after ng IUP	retained on US.	5 0015
	MOTOO	le 2
rd of Ohio		
	Dr. Reisin	C after retained ing TUP on US. Dr. Reisinger-Kindi 4/12/22



# 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:	05	23	22
	Month	Day	Year
<ol><li>Name of medical practice or facility at Women's Med Dayton</li></ol>	which RU-486 was provi	ded:	
3. Address of medical practice or facility a 1401 E Stroop Rd Dayton, Ohio 45429	et which RU-486 was prov	vided:	and the second s
4. Date post RU-486 complication began:			7
		Patient hospitali;	zed
6. Duration of event: Hours			
7. Remarks: IUP with co	uncomplicated.	) after	MAR.
8. a. Name of physician who provided Ri	U-486 Keith	Reising	jer-Kindil
8. b. Physician's signature	Date 6/6/	M.D	/00
Send completed forms to: Stat	te Medical Board of Ohio		
	i St., 3 <sup>rd</sup> Floor		

Columbus, OH 43215-6127

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