(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Toursand	02	2024
	Month J	Day	Year
Name of medical practice or facility at Planned Parenthood of Gre		ided:	
3. Address of medical practice or facility a	at which RU-486 was pro	ovided:	
25350 Rockside Road, E	Bedford Heights, Ohio, 44146		
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe b	oleeding		
✓ Other serious event (specify) Failed	ahorton (angoin	a pregnanci	1)
6. Duration of event:1 Hours			
7. Remarks: MAB procedure initiational invitations of	ed per FDA regions pregnancy.	n on 11/03/202	3. FUIION UP US ON
8. a. Name of physician who provided R	U-486 <u>Jacki</u>	e MOSTOW M	M)
8. b. Physician's signature	Date <u>4/24/24</u>	ĮVI.I	
Send completed forms to: Sta	te Medical Board of Ohio	o ·	
Legal Depa			
30 E. Broad	d St., 3 rd Floor		
Columbus,	OH 43215-6127	MA	Y 0 6 2024



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	2/13/24		
, batche lee has p	Month	Day	Year
. Name of medical practice or facility at whi Planned Parenthood of Greater	ich RU-486 was provid · Ohio	ed:	
s. Address of medical practice or facility at w	hich RU-486 was prov	ided:	
25350 Rockside Road, Bedfo			
4. Date post RU-486 complication began:	4/18/24		
5. Event(s) (Please check all that apply):			
X Incomplete abortion Adv	verse reaction to RU-486	Patient hospitali	zed
Patient received a transfusionSevere bleed	ding		
Other serious event (specify)			
6. Duration of event:1 Hours	Days		
7. Remarks: Patient provided Mifepristone for MAB per FDA reg post-MAB, Non-viable intrauterine pregnancy found	imen on 2/13/24, Palient s I on ultrasound, Patient ref	een 4/18/24 for MAB F erred to ED for further	/U for continued bleeding treatment due to severe anem
8. a. Name of physician who provided RU-48. b. Physician's signature	But	M	
	Date ———		
Send completed forms to: State	Medical Board of Ohio	į	
Legal Departr			
and the second of			

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MAY 0.6 2024

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

02	15	2024
	Day	Year
h RU-486 was provi Ohio	ded:	
nich RU-486 was pro	vided:	
d Heights, Ohio, 44146		
erse reaction to RU-486	Patient hospitali	zed
Days		
- 2/45/24 Follow UD	ultrasound preforme	ed on 3/2/24 revealed
186 Bhavik K		0/0.0
	Month h RU-486 was provi Ohio ich RU-486 was pro d Heights, Ohio, 44146 rse reaction to RU-486 ng Days Days	Month Day h RU-486 was provided: Ohio ich RU-486 was provided: d Heights, Ohio, 44146 rse reaction to RU-486 Patient hospitali ng Days n 2/15/24. Follow up ultrasound preformed lose of MAB medications. Bhavlk Kumar

Send completed forms to:

Legal Department

30 E. Broad St., 3rd Floor



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

	The state of the s	17	2024
Date RU-486 was provided:	2 Month	Day	Year
Name of medical practice or facility at v	which RU-486 was pro	vided:	
. Address of medical practice or facility at 25350 Rockalde Road, Be	: Which RU-486 was p adford Heights, Ohlo, 4414	rovided: 8	
. Date post RU-486 complication began: 2/23/24			
Event(s) (Please check all that apply): Xincomplete abortion —	Adverse reaction to RU-48	patient hospl	talized
Patient received a transfusionSevere b	llanding		
Other serious event (specify)			
6. Duration of event: Hours			
7. Remarks: MAB initiated per FDA regimen on 2/17, lightheadedness, 10/10 pain, and soaki 2/23/24 pt had D&C, received 2 units of	/24. Pt called into emer ng 1 pad an hour. Pt ac r blood, and discharged	gency line 2/23/24 dvised to be seen in I same day	with c/o passing large clots, ED for urgent evaluation:
8. a. Name of physician who provided I	RU-486 Zevida	n Vickery	MD/DO
8. b. Physician's signature	bate 4	18/2024	
Legal Dep	ate Medical Board of partment ad St., 3 rd Floor is, OH 43215-6127	Ohlo	

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

APR 15 2024



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

		26	2024
Date RU-486 was provided:	Februrary Month	Day	Year
Name of medical practice or facility at whice Planned Parenthood of Greater	h RU-486 was provid	led:	
. Address of medical practice or facility at wh	rich RU-486 was prov	vided:	
25350 Rockside Road, Bedfor	d Heights, Ohio, 44146		
. Date post RU-486 complication began: /	April 8, 2024		
5. Event(s) (Please check all that apply):Incomplete abortionAdve	erse reaction to RU-486	Patient hospita	alized
Patient received a transfusion Severe bleed XOther serious event (specify) Failed abortic			
6. Duration of event:1 Hours 7. Remarks: Medication abortion initiated paper abortion on 4/8/2024. Surgical		/26/2024. Follow-I d for 4/15/2024. P	up ultrasound revealed faile atient did well post operatio
8. a. Name of physician who provided RU-48. b. Physician's signature	186 Dr. Freem	an	и.D. / D.O
Send completed forms to: Legal Departs 30 E. Broad S	Medical Board of Oh	jo	

Columbus, OH 43215-6127

MAY 0.6 2024



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	3/7/24		* ½	
Date 10-400 was because	Month	Day	Yea	
. Name of medical practice or facility at which Planned Parenthood of Greater Ol	RU-486 was provid hio	led:		
. Address of medical practice or facility at whic		rided:	e Maria	
25350 Rockside Road, Bedford I	Heights, Ohio, 44146			
Date post RU-486 complication began: 3/1	1/24		a and a second s	
. Event(s) (Please check all that apply):			g	The control of the co
Incomplete abortion Advers	e reaction to RU-486	Patient hospitalized		Andrew Control of the
Patient received a transfusionSevere bleeding	3 ·		1 / V 2 / V	
x Other serious event (specify)FAILE	D MAB			
6. Duration of event:1 Hours	Days			
7. Remarks: Mifeprex administered per FDA regimen on 3/7/24. Pal after misoprostol on 3/9. Patient had MAB follow-up US 3/11. Did well post-op	tient took misoprostol o S on 3/11 that showed o	n 3/8, Patient called to repo continued pregnancy, Patier	nt little to no l	bleeding, Suction
8. a. Name of physician who provided RU-486	Amy Potter	X MD/I		
8. b. Physician's signature	Date 4	4/2024		
Send completed forms to: State Me	edical Board of Ohio	0	1	
Legal Departme				
30 E. Broad St.,				The same of the sa
Columbus, OH	43215-6127			processor of the second
				lah (1 a

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

			11	2024
. Date RU-486 was provided:		3 Month	Day	Year
. Name of medical practice of Planned Parent	or facility at which	ch RU-486 was provi Ohio	ded:	
3. Address of medical practice	e or facility at wi	nich RU-486 was pro	vided:	
		rd Heights, Ohio, 44146		
4. Date post RU-486 complica	ation began:	4/4/2024		
5. Event(s) (Please check all to		erse reaction to RU-486	Patient hospital	ized
Patient received a transfusion				
Other serious event (specify)				
Other serious event (specify) 6. Duration of event:1	Hours	Days		
6. Duration of event:1	Hours	Days	O Potiont returned	to clinic on 4/4/2024 for si
6. Duration of event:1	Hours AB2 on 3/11/20 retained POC. S	Days 24 with E Freeman D Suction procedure pe	O. Patient returned formed by A Potter eman, DO	to clinic on 4/4/2024 for si , MD.

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

APR 15 2024



(Required pursuant to R.C. 2919.123)
To be completed by the physician who provided RO 486

50,0000	- <u>4</u> 4.	24	2024
Date RU-486 Was provided:	dinoM:	Day-	Year:
. Name of medical practice or facility at: Planned Parenthood of Gre	whith RO-486 was provi agr Ohio	ded;	A
. Address of medical practice or facility a	rwhich RU-486 was pro	wided:	A many and a second
25350 Rockside Roadi B	ediord Heights Onlo, 44146		
Date post/RÙ 486 complication began:		S. Novem	and the state of t
Event(s) (Please check all that apply):	Ädverse reäctlön to:RU-486	;	zeď:
Patient received a transfusion Severe l			, and the second
6 Duration of event: 4 Hours	Days		
7.iRemarks: MAB initiated per FDA regimen on 4/24 normal post MAB findings Pt is asympt	, ,	on 6/4/24 revealed out possibility of sma	RPOG vs hemalometra v IRPOC. PLOPIECTO
second dose of tileobrostols		walk was related to the	a contract to the second secon
normal post MAR indulies for a second dose of misoprostol. 8, a. Name of physician who provided 8, b. Physician's signature	EN 202 200	osfow	<u> </u>
8: b. Physician's signature	RU-486 Jackie M Date 8/2/2 afe Medical Board of D	osfow OTU	<u> </u>

30 E. Broad St., 3 Th Floor

Columbus, OH 43215-6127

AUG 1 6 2024



JUN 17 2024

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

STATE MEDICAL BOARD OF OHIO	
TOWN OF OHIO	

	4	29	2024
Date RU-486 was provided:	Month	Day	Year
Name of medical practice or facility at wh	ich RU-486 was provi	ded:	
Planned Parenthood of Greater	r Ohio		
. Address of medical practice or facility at w	hich RU-486 was pro	vided:	
25350 Rockside Road, Bedfo	ord Heights, Ohio, 44146		
1. Date post RU-486 complication began: 6/6/24			
5. Event(s) (Please check all that apply):	•		
Incomplete abortion Adv	verse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe bleed	ding		
X Other serious event (specify) hematomet	tra		
6. Duration of event:1Hours	Days		
7. Remarks: MAB initiated per FDA regimen on 4/29/24. second dose of misoprostol	Follow up ultrasound	on 6/6/24 revealed h	ematometra. Pt opted for
8. a. Name of physician who provided RU- 8. b. Physician's signature	486 Emily-Free)./DO
Send completed forms to: State	Medical Board of Oh	lo	
Legal Depart	ment		
30 E. Broad S	St., 3 rd Floor		
Columbus, O	H 43215-6127		

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

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	4/30/24		
, Date NO 400 Mas Press	Month	Day	Year
. Name of medical practice or facility	at which RU-486 was provid	led:	
Planned Parenthood of	Greater Ohio		
Planned Farehmood C.			
. Address of medical practice or facil		vided:	
25350 Rockside Rock	ad, Bedford Heights, Ohio, 44146		
4. Date post RU-486 complication beg	gan: 5/11/24		
5. Event(s) (Please check all that appl	y):		
Incomplete abortion	Adverse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Sev	ere bleeding		
	AB		
6. Duration of event:1 Ho			
7. Remarks: MAB initiated per FDA re Ultrasound showed conf	egimen on 4/30/24. Patient experier inued pregnancy & Suction proced	nced light bleeding, Or ure performed same d	n 5/11/24 Follow-up ay. Patient did well post op.
	Ashl	ey Brant	
8. a. Name of physician who provide	ed RU-486		2 6
8. b. Physician's signature	SUMBLU	М	11/100
o. p. r (17) clair 5 significant	Date		
Send completed forms to:	State Medical Board of Ohi	O	
	Department		
3Ö E.	Broad St., 3 rd Floor		4 7 707/6

Columbus, OH 43215-6127

MAY 17 2024



MN 17 2024

STATE MEDICAL ROARD OF ONIO

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

n	05	03	2024
. Date RU-486 was provided:	Month	Day	Year
. Name of medical practice or facility at wh Planned Parenthood of Greate	nich RU-486 was prov er Ohio	ided:	
3. Address of medical practice or facility at v	which RU-486 was pro	ovided:	
25350 Rockside Road, Bedi			
4. Date post RU-486 complication began:	5/03/24		
5. Event(s) (Please check all that apply):Incomplete abortionAd	verse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Severe blee	eding		
X Other serious event (specify)retained POC			
6. Duration of event:1Hours	Days		
7. Remarks: Patient had appointment for medication about 5/13/2024. Retained POC found on ultrasout by physician. Procedure uncomplicated.	ortion on 05/03/2024. F und. Patient opted suc	Follow-up appointme tion procedure after	nt with ultrasound on being counseled on option
8. a. Name of physician who provided RU- 8. b. Physician's signature	486 Amy Potte	er MD Colle (20	0)00_

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor



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

The state of the s	5	16	24
Date RU-486 was provided:	Month	Day	Year
Name of medical practice or facility at Planned Parenthood of Gro	t which RU-486 was provi eater Ohio	ded:	
. Address of medical practice or facility	at which RU-486 was pro	vided:	
25350 Rockside Road,	Bedford Heights, Ohio, 44146		
. Date post RU-486 complication began 7/1/24	1:	÷	
Event(s) (Please check all that apply):			
X Incomplete abortion —	_ Adverse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
6. Duration of event:1 Hour	s Days		
7. Remarks: MAB initiated per FDA regimen on 5/1 Pt opted for suction procedure for 7/1/	6/24. Follow up ultrasound /24	on 7/1/24 revealed	possible retained POC.
8. a. Name of physician who provided 8. b. Physician's signature	X	M	D./D.O
	Date	24	
Send completed forms to: S	tate Medical Board of Oh	io	
	partment		
30 E. Bro	oad St., 3 rd Floor		

Columbus, OH 43215-6127

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

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STATE MENIAN NAMES ...



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

	05	17	2024
. Date RU-486 was provided:	Month	Day	Year
. Name of medical practice or facility at wh Planned Parenthood of Greate	nich RU-486 was provi er Ohio	ded:	
. Address of medical practice or facility at v		vided:	
25350 Rockside Road, Bed	ford Heights, Ohio, 44146		
4. Date post RU-486 complication began:	6/26/2024		
5. Event(s) (Please check all that apply):Incomplete abortion Ad	lverse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe blee x_ Other serious event (specify) hematometra	eding		
6. Duration of event:1 Hours	Days		
7. Remarks: MAB 5/17/24 w/ B Kumar, MD. Pt RTC 6/3 performed. Re-suctioned performed at folk	26/2024 for follow-up visit o ow-up visit by B Kumar, MI	lue to moderate pelvic p	pain/cramping, Ultrasound
8. a. Name of physician who provided RU 8. b. Physician's signature	Date Bhavik Kum	M.	n./n.o
Send completed forms to: State Legal Depar	Medical Board of Oh tment	io	

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

Comments

Commen



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

, Date RU-486 was provided:	05/22/2024		
, Date no 100 was pro-	Month	Day	Year
. Name of medical practice or facility at which R Planned Parenthood of Greater Ohl	U-486 was provid	ied:	
. Address of medical practice or facility at which	RU-486 was pro	vided:	
25350 Rockside Road, Bedford He	elghts, Ohlo, 44146		
4. Date post RU-486 complication began: 7/18/	/2024		
5. Event(s) (Please check all that apply);Incomplete abortionAdverse	reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe bleeding X Other serious event (specify) Failed Abortion			
6. Duration of event:1Hours	Days		
7. Remarks: MAB 5/22/2024. RTC 7/18/2024 for follow-up. Suction	on procedure perform	ed 7/18/2024 for falled	abortion.
8. a. Name of physician who provided RU-486- 8. b. Physician's signature	Kale Tuner, N	T 1 1-	D./D.D.
Send completed forms to: State Med	lical Board of Ohi	o	
Logal Departmen	t		

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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

STATE SERVICAL BACKSO OF OUR



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	6/10/2024		
Date NO-400 Was provided.	Month	Day	Year
. Name of medical practice or facility at Planned Parenthood of Gre	which RU-486 was provide	led:	
3. Address of medical practice or facility	at which RU-486 was prov	/ided:	
25350 Rockside Road, I	Bedford Heights, Ohio, 44146		
4. Date post RU-486 complication began	7/18/2024		
5. Event(s) (Please check all that apply):			
X Incomplete abortion —	_ Adverse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
6. Duration of event:1 Hours	s Days		
7. Remarks: MAB 6/10/2024. Pt RTC 7/18/2024 for fo	ollow-up, incomplete AB determi	Ined. Pt RTC 7/19/202	4 for suction procedure.
8. a. Name of physician who provided 8. b. Physician's signature	RU-486 Emlly-Freema	2424	n (no)
Send completed forms to: S	tate Medical Board of Ohi	0	
Legal De	partment		
30 E. Bro	oad St., 3 rd Floor		

Columbus, OH 43215-6127

AUG 17 2024



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

			2024
. Date RU-486 was provided:	6	11	Year
	Month	Day	Teal
. Name of medical practice or facility at whi	ch RU-486 was provi	ded:	
Planned Parenthood of Greater	Ohio		
s. Address of medical practice or facility at wi	nich RU-486 was pro	videa:	
25350 Rockside Road, Bedfo	rd Heights, Ohio, 44146		
4. Date post RU-486 complication began:			
6/25/24			
5, Event(s) (Please check all that apply):			
	erse reaction to RU-486	Patient hospitali	red
X Incomplete abortion Adve	6136 1644114		
Patient received a transfusion Severe bleed	ling		
Other serious event (specify)			
hours	Days	· 	
6. Duration of event:1 Hours			
7. Remarks:			n to dead for
7. Remarks: MAB initiated 6/11/24 per FDA regimen. Follo	ow up ultrasound 6/25	/24 noted an incom	olete abortion. Pt opted to
MAB initiated 6/11/24 per 1 5/11/34 suction procedure 6/25/24.			
	Ashley B	rant	
8. a. Name of physician who provided RU-	186 Ashley B	1	
1 10/12	1/1/2M		0./0.0
8. b. Physician's signature	Date $0/2$	5/24	
		io	
Sella completed forms 44.	Medical Board of Oh		
Legal Departi			
30 E. Broad S	t., 3" Floor		

Columbus, OH 43215-6127

101 011 2024



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

D. J. D.I. 496 was provided:	7	16	2024
Date RU-486 was provided:	Month	Day	Year
Name of medical practice or facility at which	RU-486 was provi	ded:	
Planned Parenthood of Greater O	hlo		
Address of medical practice or facility at which	th RU-486 was pro	vided:	
25350 Rockside Road, Bedford			
. Date post RU-486 complication began:			
7/22/24			
. Event(s) (Please check all that apply):			
	e reaction to RU-486	Patient hospitali:	zed
Patient received a transfusion Severe bleeding	3		
X Other serious event (specify) Failed abortion			
6. Duration of event:1Hours	Days		
7. Remarks: MAB initiated per FDA regimen on 7/16/24. abortion. Pt opted for suction procedure 7/2	Ultrasound at follov 2/24.	:. v up appt 7/22/24 re	vealed a failed medicatio
8. a. Name of physician who provided RU-486 8. b. Physician's signature	Ashley E M 1200 Date 7 23	1	D. / D.O
Send completed forms to: State Me	edical Board of Ohi	0	

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

115 0 7 7074



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

7	25	2024
Month	Day	Year
ich RU-486 was prov r Ohio	ded:	
hich RU-486 was pro	vided:	
ord Heights, Ohio, 44146		
9/17/23		
verse reaction to RU-486	Patient hospitali	zed
ding		
Days		
C on 9/17/2024 for followations.	up appt. Retained prod	ucts determined. Suction
486	لاسر)/0.0
	Month Ich RU-486 was provided hich RU-486 was provided Heights, Ohio, 44146 9/17/23 Perse reaction to RU-486 Sing Days Con 9/17/2024 for followations. Cathering	Month Day Ich RU-486 was provided: Ohio hich RU-486 was provided: ord Heights, Ohio, 44146 9/17/23 erse reaction to RU-486 Patient hospitality ding Days Con 9/17/2024 for follow-up appt. Retained productions. Catherine Harmer, DO

Send completed forms to:

Legal Department

30 E. Broad St., 3rd Floor



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

at 100 was provided:	7	26	2024
Date RU-486 was provided:	Month	Day	Year
. Name of medical practice or facility at v	which RU-486 was prov	ided:	
Name of medical practice of facility de to Planned Parenthood of Great	ater Ohio		
. Address of medical practice or facility a	t which RU-486 was pro	ovided:	
	edford Heights, Ohio, 44146		
1. Date post RU-486 complication began:	9/12/2024		
5. Event(s) (Please check all that apply):			
X Incomplete abortion —	Adverse reaction to RU-486	Patient hospitaliza	ed
Patient received a transfusion Severe b	leeding		
Other serious event (specify)			
6. Duration of event:1Hours	Days		
7. Remarks: Pt presented for initial MAB on 07 retained products. Suction process	/26/2024 at 7w2d. RTC 9/1: dure completed 09/12/24 wit	2/2024 for follow up. Ultra h no complications.	asound completed and showe
8. a. Name of physician who provided I	RU-486 Catherine H		
		I.M.	
8. b. Physician's signature	Date <u>9/12/2024</u>		
Str.	ate Medical Board of O	nio	
Send completed forms to: Sta			

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

SEP 2 0 2024

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

D. L. D. L. A. G. C. Was provided	July	31	2024
Date RU-486 was provided:	Month	Day	Year
Name of medical practice or facility at when Planned Parenthood of Greate	hich RU-486 was provi er Ohio	ded:	
s. Address of medical practice or facility at v	which RU-486 was pro	vided:	
25350 Rockside Road, Bed			
1. Date post RU-486 complication began:	9/10/2024		
5. Event(s) (Please check all that apply):			
X Incomplete abortion Ad	dverse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
6. Duration of event:6 Hours _	Days		
7. Remarks: Pt presented for initial MAB on 07/3 pregnancy test. Ultrasound comple 09/10/2024 with no complications.	tod dila one		or follow up due to positive ction procedure completed
8. a. Name of physician who provided RU8. b. Physician's signature	J-486 Amy Burk Date Amy Burk		D./D.O
Legal Depa	re Medical Board of Oh rtment J St., 3 rd Floor	io	
	OH 43215-6127		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

	Account	5	2024
Dațe RU-486 was provided:	August Month	Day	Year
	tab DIL 486 was provid	ded:	
Name of medical practice or facility at wh	r Ohio	-	
Planned Parenthood of Greater			
Address of medical practice or facility at w	hich RU-486 was pro	vided:	
25350 Rockside Road, Bedfi	ord Heights, Ohio, 44146		
. Date post RU-486 complication began:	10/30/24		
. Event(s) (Please check all that apply):			
Ad	verse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe blee	eding		
X Other serious event (specify) Failed abortlo	n		
6. Duration of event:1Hours			
7. Remarks: MAB 8/05/2024. Pt RTC 10/30/2024 for follow-up Referred out to another clinic to receive care.	o. Falled MAB determined	via u/s showing a conti	nuing pregnancy of 20w 2d EC
8. a. Name of physician who provided RU 8. b. Physician's signature	Date Emily Free		D./D.O
Send completed forms to: 5tat	e Medical Board of Ol	nio	

Legal Department

30 E. Broad St., 3rd Floor



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

To be completed by the physician who provided RU-486

8	22	2024
Month	Day	Year
hich RU-486 was prov	vided:	
er Ohio		
which RU-486 was pr	ovided:	
Iford Heights, Ohio, 44146	}	
9/17/2024		
dverse reaction to RU-486	Patient hospitali	ized
eding		
Days		
RTC 9/17/2024 for follow-u	up appt. Retained produc	ots noted on u/s. Pt RTC
1-486 Amy Potter	N A	210/2025
	hich RU-486 was prover Ohio which RU-486 was provential of the second of	Month Day hich RU-486 was provided: er Ohio which RU-486 was provided: ford Heights, Ohio, 44146 9/17/2024 diverse reaction to RU-486 Patient hospitall eding Days Arc 9/17/2024 for follow-up appt. Retained product. Amy Potter Amy Potter

Legal Department

30 E. Broad St., 3rd Floor



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

August	28	2024
Month	Day	Year
ch RU-486 was provid	ied:	
· Ohio		
hich RU-486 was prov	vided:	
ord Heights, Ohlo, 44146		
10/28/24		
verse reaction to RU-486	Patient hospital	ized
ding		
ion		
Days		
024 for follow-up. Failed M	AB determined via u/s	s. Pt received PAB on 10/28/24
486 Ashley E	1	n/no
	Month ch RU-486 was provid Ohio hich RU-486 was provid and Heights, Ohio, 44146 10/28/24 verse reaction to RU-486 ding Days Days	Month Day ch RU-486 was provided: Ohio hich RU-486 was provided: ord Heights, Ohio, 44146 10/28/24 Patient hospital ding ion Days Days Days Ashley Brant, DO

Send completed forms to:

Legal Department

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(Required pursuant to R.C. 2919.123)

STATE DOMEST BOLLD OF OTHER

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	9	10	2024
I. Date No-400 was proving	Month	Day	Year
Name of medical practice or facility at which Planned Parenthood of Greater Ol	RU-486 was prov hio	ided:	
3. Address of medical practice or facility at whic	ch RU-486 was pro	vided:	
25350 Rockside Road, Bedford I	Heights, Ohio, 44146		
4. Date post RU-486 complication began: 10	17		
5. Event(s) (Please check all that apply):			,
Adverse	e reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe bleeding	1		
Other serious event (specify)			<u> </u>
6. Duration of event:1 Hours	Days		
7. Remarks: Pt had MAB on 9/10/2024. RTC 10/17/2024 for follow-up. Incomplete AB determined. Suction procedure performed	Incomplete MAB dete per Chen MD.	rmined. Pl given miso. F	ነቲ RTC 10/25/2024 for follow-up
8. a. Name of physician who provided RU-486 8. b. Physician's signature	Ashley B	/4)./D.O

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor



State Medical Board of Ohio $s_{TATE MEMOAL, 90 AUG ME ONO}$ Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	9	10	2024
, Date No. 400 Was present	Month	Day	Year
. Name of medical practice or facility at w Planned Parenthood of Great	rhich RU-486 was provi er Ohio	ded:	
3. Address of medical practice or facility at	which RU-486 was pro	vided:	
25350 Rockside Road, Bed	dford Heights, Ohio, 44146		
4. Date post RU-486 complication began:	9/10/2024		
5. Event(s) (Please check all that apply):		and the little and the little	·
X Incomplete abortionAc	dverse reaction to RU-486	Patient nospitaliz	zeu
Patient received a transfusion Severe ble	eding		
Other serious event (specify)			
6. Duration of event:1Hours	Days		
7. Remarks: MAB 9/10/2024, Pt RTC 10/17/2024 for follow-up misoprostol.	o. Incomplete MAB determin	ned via u/s. Pt send hon	ne with additional dose of
8. a. Name of physician who provided RU 8. b. Physician's signature	Ashley Brant		1./D.O
	Date - the Poord of Ohio		

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

- 1. J.	September	12	2024
. Date RU-486 was provided:	Month	Day	Year
. Name of medical practice or facility at v Planned Parenthood of Grea	vhich RU-486 was provide ter Ohio	ed:	
. Address of medical practice or facility at	which RU-486 was provi	ded:	
25350 Rockside Road, Be	dford Heights, Ohlo, 44146		
4. Date post RU-486 complication began:	10/30/24		
5. Event(s) (Please check all that apply):		out thornit	Mizod
Incomplete abortion	Adverse reaction to RU-486	Patient nospite	nizeu
Patient received a transfusion Severe bl	eeding		
X Other serious event (specify) Failed abo	rtion		
6. Duration of event:1 Hours	Days		
7. Remarks: MAB 9/12/2024. Pt RTC 10/30/2024 for follow Received PAB.	w-up. Failed MAB determined v	via u/s showing a co	ontinuing pregnancy of 16w 1d EG
8. a. Name of physician who provided R 8. b. Physician's signature	U-486 Catherine P		1.D. / D.O
Cand completed forms to: Sta	te Medical Board of Ohio		

Send completed forms to:

Legal Department

30 E. Broad St., 3rd Floor



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

a . Du age was provided:		10	29	2024
. Date RU-486 was provided:		Month	Day	Year
. Name of medical practice or fo Planned Parenthoo	acility at which RU-4 od of Greater Ohio	86 was provid	led:	
. Address of medical practice or	facility at which RU	486 was prov	vided:	
25350 Rocksid	de Road, Bedford Height	s, Ohio, 44146		
I. Date post RU-486 complicatio	n began: Pt visited	ED 11/04/2024		
5. Event(s) (Please check all that	apply):			
Incomplete abortion	Adverse react	tion to RU-486	Patient hospita	lized
Patient received a transfusion	_ Severe bleeding			
X Other serious event (specify) Fa	iled AB			<u>-</u>
6. Duration of event:1	Hours	Days		
7, Remarks: PUL MAB 10/29/2024, HCG quant level methotrexate for presumed ectopic provider for failed MAB.	(Cg) (All P)		/o ectopic on 11/04/2 hared EMR. Upcomir	024. Pt treated in ED wl ng D&C scheduled with outside
8. a. Name of physician who pr 8. b. Physician's signature	ovided RU-486 Date	A Brant DO	124 M	D./D.O
Send completed forms to:	State Medical	Board of Ohl	o	
L.	egal Department			
	0 E. Broad St., 3 rd Flo			DEC 1 2 2024
(Columbus, OH 43215	5-6127	ST.	ATE MEDICAL BOARD OF



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

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	11	12	2024
,	Month	Day	Year
Name of medical practice or facility at Planned Parenthood of Gre	which RU-486 was prov eater Ohio	rided:	
3. Address of medical practice or facility a	at which RU-486 was pro	ovided:	
25350 Rockside Road, B	Bedford Heights, Ohio, 44146		
4. Date post RU-486 complication began:	7/26/23		
5. Event(s) (Please check all that apply):			
X Incomplete abortion	Adverse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Severe b	leeding		
Other serious event (specify)			
6. Duration of event:1 Hours	Days		
7. Remarks: MAB on 11/12/24. Pt RTC 11/19/24. U/s procedural and medical options. Pt decimisoprostol.	S performed. RPOC visualided to take additional me	alized per physician edication and sent h	. Pt counseled on ome with
8. a. Name of physician who provided R 8. b. Physician's signature	J-486 Ashley Br. Date — H		0./0.0
Send completed forms to: Star	te Medical Board of Ohi	o	
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