

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

	1			
1. Date RU-486 was provide	d:	<u> </u>	05	2024
		Month	Day	Year
2. Name of medical practice Planned P	or facility at which F	RU-486 was pro	greater of	is
3. Address of medical practic	e or facility at which	RU-486 was p	rovided:	
3255 E.N	Jain St.	Coly	nous of	43213
4. Date post RU-486 complic	ation began:	2/3034	<u> </u>	
5. Event(s) (Please check all t	:hat apply):			
$\frac{\checkmark}{}$ Incomplete abortion	Adverse r	eaction to RU-48	6 Patient hospitalized	I
Patient received a transfusion	Sévéré bleeding			
Other serious event (specify)	<u></u>			
6. Duration of event:	Hours	Days		
7. Remarks: Pt. 18(8) 115/24. Pt. Callo 8 Was sent to	ved Milo ( ed On-call ( the ER. Rel	Der FDI Drovider aurud <del>Pi</del>	Tregulation direction dire	ns on cation sx ducts frun
8. a. Name of physician who	provided RU-486	(Old)	triey Keres	175
8. b. Physician's signature	Date	2/18	(M.D)/	and the same of th
Count do an alot of forms to		al Board of Oh	io	
Send completed forms to:		ai boato oi On	IO	
	Legal Department 30 E. Broad St., 3 <sup>rd</sup> f	Sloor		
	Columbus, OH 432:		The second secon	2 7074
	Columbus, OH 434.	TO _OTC \		

BEATS MERROAL SECTION



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	( ) Month	Day	2024 Year
2. Name of medical practice or facility at which RU- Planned Parent wood	486 was provided:	<u></u>	
3. Address of medical practice or facility at which RI	J-486 was provided:		
3255 E. Main St.	Columbus	041	43213
4. Date post RU-486 complication began:	22/24		
5. Event(s) (Please check all that apply):			
Adverse read	tion to RU-486 Pati	ent hospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: Failed MAB procedure, s	urgical AB	provid	ed.
8. a. Name of physician who provided RU-486	Dr. Anne. N	Marie Si	YICKU
8. b. Physician's signature  Date -	2/22/24	(M.D.)	
Send completed forms to: State Medical	Board of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> Flo	or .	engrees en sie o	s etulus a
Columbus, OH 43215	-6127	= 001 2 Z 2	

STATE OCCUPANT GOARD OF OTHER

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	led:	February Month	<u>y</u>	OQ Day	707. Year
Name of medical practic  Planned Parenthood of	•	•		er .	
3. Address of medical pract 3255 E Main Street 43		h RU-486 was	provided	•	
4. Date post RU-486 compl					
5. Event(s) (Please check al	l that apply):				
	Adverse	reaction to RU-4	86 <u> </u>	atient hospitaliz	ed
Patient received a transfusion	n Severe b	leeding			
Other serious event (specify					, s
6. Duration of event:	Hours	Days			
7. Remarks: Posient 03/01/2024 due vornting: breasi croping pregni	presented for the characters) way. Uten ancy. Oten anches MO	U 2004	iac b	COCGYC	e performed continued continued
8. a. Name of physician who		$\frac{Cov}{A}$	2/10	\ /	
Send completed forms to:	State Medical Board Legal Department 30 E. Broad St., 3 <sup>rd</sup> OH 43215-6127		S,	· Common · C	7 2 2004

STATE MEDICAL C

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	ed:	Februa	eu/	70	7074
		Month		Day	Year
2. Name of medical practice	•	•			
Planned Parenthood of	Greater Ohio - East Co	olumbus Surgical	Center		
3. Address of medical practi	ce or facility at which	RU-486 was pro	vided:		
3255 E Main Street 432	13 Columbus, OH				
4. Date post RU-486 complic	· "				
5. Event(s) (Please check all	that apply):				
✓ Incomplete abortion	Adverse ro	eaction to RU-486	Patie	ent hospitalize	d .
Patient received a transfusion Severe bleeding					
Other serious event (specify)					
6. Duration of event:	Hours	_ Days	·····		
7. Remarks: Posierx Colow of or Nhosono co ochung tem Hovery Grug	psosyoned for the subsection	due to liked MAR procedur	pehi 3. Fe	C CON	n. Repeat o cordiac
8. a. Name of physician who	provided RU-486	Hove	<u>LU</u>	<u> </u>	) DOK
8. b. Physician's signature	JUNE	<u>(10</u>		(M.)/	D.O.
	Date	_03\0	1/50	774	
Send completed forms to:	State Medical Board	of Ohio		,	
	Legal Department				
	30 E. Broad St., 3 <sup>rd</sup> Fl	loor Columbus,		a A	r to the street.
	OH 43215-6127				72-2004

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	led:	February	28	
		Month	Day	Year
2. Name of medical praction Planned Par	ce or facility at which R renthood of Greater Ohi	·	ed;	
3. Address of medical prac	ice or facility at which	RU-486 was provi	ded:	<del>.</del>
3255 E	Main St, Columbus, OH 43	213		
4. Date post RU-486 compl	ication began: 3/6/	/24		
5. Event(s) (Please check al	l that apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitalize	ed
Patient received a transfusio	on Severe bleeding			
X Other serious event (specify	) hematom	etra		DOST CONTROL OF THE C
6. Duration of event:	Hours	_ Days		
7. Remarks:				The state of the s
Patient came in with se in uterus. Uterine aspira	vere abdominal pain. Ul ition performed.	trasound was perfo	rmed. Patient was	seen to have blood
8. a. Name of physician wh	provided RU-486	Dr. Kale Tur	ner	
8. b. Physician's signature	///	=18/29	2 (MD)	) D.O
	Date			
Send completed forms to:		l Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup> Fl		Property of the second	17 7 2 7024
	Columbus, OH 4321	5-6127	20-42- K 50-5	

MATERIAL PROPERTY

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

1. Date RU-486 was provided:	3	İ	2022.	M2-M23 and delication of the second s
3/8/22	Month	Day	Year	
2. Name of medical practice or facility at whic	h RU-486 was provi	ded:	entra de la compaña de la comp	and the second s
Planned Parenthood Of Great	er Ohio			
NEW ACCORDANGE CHOCKEDS A SECRET PROPERTY CONTRIBUTE A PROPERTY OF THE CONTRIBUTE AND ACCORDANGED AND ACCORD	the second se	Company of the Compan	a k manus percend the Newborn Committee Co. Manus violation Committee and Co. April 123 accommission	
3. Address of medical practice or facility	at which RU-486 v	was provided:		17 - 200-00-00-00-00-00-00-00-00-00-00-00-00-
3255 E Main St, Columbus, Oh	io 43213			
4. Date post RU-486 complication began:		EMPERIOR S. C. March L. C.	164 dada saya di ngung matanda nagalangi i ipadi dan <u>matanda panganing di tané dan pan</u> anananang dalanga	mhairif annanantar y nii 244 Saint Eagr hann deniyecan enganye nedanik.
	D-4000 Militari kanga d <sub>a</sub> mpangganggan kanga da kanga mangganggan ya Malaysi sa ka			
5. Event(s) (Please check all that apply):				A Control of the Cont
Incomplete abortionAdvers	e reaction to RU-486	Patient hospitalize	d	
Deltard or to be a first				
Patient received a transfusion Severe bleeding	g			
Other serious event (specify)				
		CHARLES WALLS ASSESSED VALUE OF THE PARTY OF	e de Calabra (de la Calabra Park de Calabra (de la Calabra A.)	
6. Duration of event: Hours	Days			
	Marie in mang a pagamanang mananani dan mang mananang manananang mananang manananang mananang mananang mananang mananang mananang mananang manananang manananang mananang manananang mananang ma			
7. Remarks: MAB PROCEDURE 1	kutaked-	per FDA h	egimen on 31	22,
Patient Called emergeness	27 line	3/7/22 Rep	orting heavy bloo	citinos f
7. Remarks: MAB PRECEDURE i Patront called emergences Cramping US revelled con-	finuing Pr	regnancy	Surgical aspira	tilly Derfaymock
8. a. Name of physician who provided RU	486 DY P	ivlini		3/6/2
8. b. Physician's signature	Kivlin	1	M.D/D.O M	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date 3/8/	25		
end completed forms to:	få det enned afficierped fyrder å siderlytte inte Ettigene å åre. Som dennigner	Parameter of the subsection of	SHALE MANNEN AND THE CHARGE PARTY COLUMN TO THE PROPERTY OF THE PROPERTY OF THE STREET	ACT 136/20 School Sond processing Springs \$1/300 process
"	State Medical E	Board of Ohio		
Legal	Department			

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

007 2 2 2024

STATE RELICAL DOARD OF OTHE



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Apr!	1 26	)	2024
2. Name of medical practice or facility at which Parent has			_	Year
3. Address of medical practice or facility at wh	ich RU-486 was p	rovided:		
3255 E. Main St	Coly	nons (	941	43213
4. Date post RU-486 complication began:  5. Event(s) (Please check all that apply):	24			
Incomplete abortion Adver	se reaction to RU-48	6 Patient h	ospitalized	
Patient received a transfusion Severe bleedin Other serious event (specify)	g.			
Other serious event (specify)				
6. Duration of event: Hours	) Days			
7. Remarks: Patient had retained another dosage of Mi	,		estes	provided
8. a. Name of physician who provided RU 488 8. b. Physician's signature	Date 5/	(O); a	MD D	Juney o
Send completed forms to: State Me	dical Board of Oh	lo		
Legal Departmer				
30 E. Broad St., 3			ent and he	· do fig. structur
Columbus, OH 4	3215-6127			1.2 7.1

STATE LEGICAL PRICES OF COME.



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	led:	May 20, 2024		
•		Month	Day	Year
Name of medical practic Planned Par	ce or facility at whic enthood of Greater		led:	
3. Address of medical pract	tice or facility at wh	ich RU-486 was prov	ided:	
3255 E	. Main St Columbus, Ol	<del>1</del> 43213		
4. Date post RU-486 compl	ication began: N	1ay 20, 2024		
5. Event(s) (Please check al	ll that apply):	2 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
X Incomplete abortion	Adver	se reaction to RU-486	Patient hospitalize	ed
Patient received a transfusio	on Severe bleedin	g		
Other serious event (specify	·)			
6. Duration of event:	1 Hours	Days		
7. Remarks:		**************************************		Address of the second s
8. a. Name of physician wh 8. b. Physician's signature	- All	Colin McClun	ey MD (M.D.)	/ D.O
Send completed forms to:	State Me Legal Departmer 30 E. Broad St., 3			
	Columbia OH A			

OCT 2 2 2024

STATE MEDICAL DESIGN



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:  Month Day Year
2. Name of medical practice or facility at which RU-486 was provided: Planned Parent wood of Greater This
3. Address of medical practice or facility at which RU-486 was provided:
3255 E. Main St. Columbus 04 43213
4. Date post RU-486 complication began:
5. Event(s) (Please check all that apply):
Adverse reaction to RU-486Patient hospitalized
Patient received a transfusion Severe bleeding
Other serious event (specify)
6. Duration of event: Hours Days
7. Remarks: Pationthad retained products. Dr Nerestes performed procedural 20+C
8. a. Name of physician who provided RU-486  8. b. Physician's signature  Out 6/10/24
Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3 <sup>rd</sup> Floor
Columbus, OH 43215-6127

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provi	ded:	5	23	2022
		Month	Day	Year
Name of medical practi  Planned Parenthood		h RU-486 was prov	ided:	
3. Address of medical prac	tice or facility at whi	ch RU-486 was pro	vided:	
3255 E. Main St. Columb	ous, Oh 43213			
4. Date post RU-486 comp 5/31/22	lication began:			
5. Event(s) (Please check a	ll that apply):			
Incomplete abortion	Advers	e reaction to RU-486	Patient hospitalize	d
Patient received a transfusion	onSevere bleeding			
✓ Other serious event (specify	Failed AB/Ectopic	pregnancy		
6. Duration of event: 1	Hours	Days		
7. Remarks: MAB procedu bleeding. US performed 5/3				•
8. a. Name of physician wh 8. b. Physician's signature	o provided RU 486/	1/12/	y , MD/ 2022	D,O
Send completed forms to:	State Med	ical Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup>	Floor	22	2024
•	Columbus, OH 43	215-6127	KINDS SECTION D	with cross a

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	5	31	2022
	Month	Day	Year
2. Name of medical practice or facility	at which RU-486 was provi	ded:	
Planned Parenthood of Greater C	Dhio		
3. Address of medical practice or facilit	v at which RU-486 was pro	vided:	
	,	7,444	
3255 E Main St. Columbus, Oh 4321	13		
4. Date post RU-486 complication bega 7/8/2022	n:		
5. Event(s) (Please check all that apply)	,		4.000
Incomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe	bleeding		
✓ Other serious event (specify) Intrautering	ne Debris		
6. Duration of event: 1 Hours	s Days		
7. Remarks: MAB procedure was in c/o of +PTU. US performed on 7/8/2	itiated per FDA regimen 22 revealed intrauterine c	on 5/31/2022. Pt. debris. Misoprosto	called on 7/8/22 with
returned on 7/15/22; US revealed e	mpty uterus.		
8. a. Name of physician who provided F	RU-486 /) Dr. Rivlin		
8. b. Physician's signature	AKIVIIN	M.D.,	/D.O
	Date	A. L.V	
Send completed forms to: Sta	ite Medical Board of Ohio		
Legal Depa			
	d St., 3 <sup>rd</sup> Floor		
Columbus,	OH 43215-6127	American Company Company Company	2.2.2024
Prescribed: 5//2011, Rev. 12/13/12			



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

1. Date RU-486 was provided:	07	09	2024
	Month	Day	Year
2. Name of medical practice or facility at which RU- Planned Parent hood			iis
3. Address of medical practice or facility at which RU	J-486 was provid	ed:	1
3255 E. Main St.	Columba	rus 041	43213
4. Date post RU-486 complication began:	13.24		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse read	tion to RU-486	Patient hospitalized	d
Patient received a transfusion Severe bleeding			
Other serious event (specify)			<del>ninestation i</del>
6. Duration of event: Hours	Days		
7. Remarks: Pt. had POC remaining on fl was given	U VISIT, C	additiona	l miso
8. a. Name of physician who provided RU-486	Abigaill	awither	
IA			
8. b. Physician's signature	10/01/10	(M.D)/	D.O
Date -	DIW110		
Send completed forms to: State Medical	Board of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> Flo	or ·	The same of the sa	4 - C - C - C - C - C - C - C - C - C -
Columbus, OH 43215	-6127	787 L	7,77k. 3



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

1. Date RU-486 was provided:	06	75	4505
06/25/2024	Month	Day	Year
2. Name of medical practice or facility at which RU			;
Ylanned Parenthood	of 9	rester 01	us
3. Address of medical practice or facility at which R	U-486 was pro	vided:	
3255 E. Main St.	Colum	Jours 0H	43213
4. Date post RU-486 complication began:	(05/	2024	
5. Event(s) (Please check all that apply):			
Adverse rea	action to RU-486	Patient hospitalized	3
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: MAB on 06/25/2 08/23/24 confirmed contin Dlotion and Evacuation	4, follo	who pe	sound on
OS/C3/C4 CONTINUON CONTIN	00-C -	Sicolionical C	30/170050
by Costney Kerestes, M	bortour	160 01/ CK	5/65/64
8. a. Name of physician who provided RU/486	Phinoi	Loudnes	
		· (MD/	5.0
8. b. Physician's signature	S (c	MD/	0.0
Date		~1101	
Send completed forms to: State Medical	Board of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> Flo	oor '	<b>经济坚 芍 卷 粉粉</b>	86
Columbus, OH 43215	5-6127	007 7 2 XI	



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provid	ed:	8	9	2022
		Month	Day	Year
2. Name of medical practic	ce or facility at which R	RU-486 was pro	vided:	e en el debene en
Planned Parenth	ood of Greater Ohio			
3. Address of medical pract	ice or facility at which	RU-486 was pr	ovided:	
3255 E Main St. Columbu	ıs Ohio 43215			
4. Date post RU-486 compl	ication began:			
8/13/2022				
5. Event(s) (Please check al	I that apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospitalize	ed
Patient received a transfusion	nSevere bleeding			
Other serious event (specify	ectopic pregnancy	<del></del>	**************************************	
6. Duration of event: 1	Hours	_ Days		
7. Remarks; Mab proce	dure was initiated pe	er FDA regime	n on 8/9/2022. Hcg	values were followed
due to inconclusive US.F Patient was treated at E				ncy was confirmed.
8. a. Name of physician who	provided RU-486	Dr. Rivlin		
8. b. Physician's signature	Doeaeon	E. Keevle	SHUPPS M.D.	/ D O
,	Date	4014410000		
Send completed forms to:		l Board of Ohio		
•	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup> Fl	loor	Edition of the Control of the Contro	2 2024
	Columbus, OH 4321			



(Regulred pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	03	77	:7074	
	Month	Day	Year	
2. Name of medical practice or facility at which Parent hoo			in	
3. Address of medical practice or facility at which	n RU-486 was p	provided:	1.	
3255 E. Main St	Coly	nbous OH	432-13	
4. Date post RU-486 complication began:	05/10/0	24		
5. Event(s) (Please check all that apply):				
✓Incomplete abortion Adverse	reaction to RU-48	Patient hospitalize	d	
Patient received a transfusion Severe bleeding				
Other serious event (specify)				
6. Duration of event: Hours	Days			
7. Remarks: MAB on 08/27/20 10/04/2024 showed public of 12w5d. Vacuum asp	stert hab	become	bestarwag 5 bredwoord word ou	
8. a. Name of physician who provided RU-486 Phocoal Low ther				
8. b. Physician's signature		M.D.	/ D.O	
Da	ete			
Send completed forms to: State Med	lical Board of C	ĥlo		
Legal Department				
30 F Broad St 3		Topological Control Co	2 2024	

Columbus, OH 43215-6127

STATE SERICAL BOARD OF ORKO



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

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Ý	tuguat Month	Day	10120 Year
2. Name of medical practice or Planned Par			ter of	نه
3. Address of medical practice of	r facility at which R	J-486 was provided:		
3255 E. M	ain St.	Columban	s 041	43213
4. Date post RU-486 complication	on began:	1505/10,		
5. Event(s) (Please check all tha	t apply):			
∠Incomplete abortion	Adverse rea	ction to RU-486 Pa	atient hospitalized	l
Patient received a transfusion	Patient received a transfusion Severe bleeding			
Other serious event (specify)				
6. Duration of event: Hours Days				
7. Remarks: MAB on 10/01/2024 Show of 12w5d. Vocal	ued persiste	nt in selon the	ritenre eduxe	berforwed bredwoord ong ou
8. a. Name of physician who provided RU-486  1916 1916 1916 1916 1916 1916 1916 19				
8. b. Physician's signature	Date	10/15/	240	D.O
Send completed forms to:	State Medical	Board of Ohlo		
L.	egal Department			1
3	DE. Broad St., 3 <sup>rd</sup> Flo	oor '	an ann an Tao Taga an an an an	ž.
Ċ	olumbus, OH 43215	5-6127	0017271	1

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:	08	79	24
8/29/24	Month	Day	Year
2. Name of medical practice or facility at which Planned Parent ho			is
3. Address of medical practice or facility at whi	ch RU-486 was prov	ided:	
3255 E. Main St	. Colum	bus 041	43213
4. Date post RU-486 complication began:	24		
5. Event(s) (Please check all that apply):			
Incomplete abortion Advers	se reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding	3		
Other serious event (specifγ)		V was A Park and a Par	
6. Duration of event: Hours	Days		
7. Remarks: MAB on 8/20/24.  Shows incomplete abortion  on 10/04/24 by Courtner  8. a Name of physician who arounded BU 186	follow-up, whenhe s	ultrasaun uetion proc	d on 10/04/24 edure perform
on 10/04/24 by Courtne	y Kerestes	, MD.	,
8. a. Name of physician who provided RU-486	Anne-	Marie Sin	ay, MD
8. b. Physician's signature		M.D./	0.0
D	ate ————		
Send completed forms to: State Med	dical Board of Ohio		
Legal Departmen	t		
30 E. Broad St., 3	rd Floor		7 (80),
Columbus, OH 43	3215-6127		e Aver

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