

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

FEB 21 2024
STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	Jan	19	2024
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Your Choice Healthcare LLC			
3. Address of medical practice or facility at which RU-486 was provided: 6721 Karl Rd.			
4. Date post RU-486 complication began: Jan 25 2024			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: 1 Hours 0 Days			
7. Remarks: Retained tissue. Ref'd to OB/Gyn for care.			
8. a. Name of physician who provided RU-486 William Roobom M.D.			
8. b. Physician's signature _____ M.D./D.O. Date 2.8.2024			

Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor Columbus,
OH 43215-6127

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

FEB 21 2024

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	Jan	30	2024
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Your Choice Healthcare LLC			
3. Address of medical practice or facility at which RU-486 was provided: 6721 Kant Rd Columbus OH 43229			
4. Date post RU-486 complication began: 2/5/2024			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete ^{failed} abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: 1 Hours 0 Days			
7. Remarks: Failed MAB. Pt opting to continue pregnancy.			
8. a. Name of physician who provided RU-486 William H. Haddock MD			
8. b. Physician's signature [Signature] M.D./D.O.			
Date 2-9-2024			

Send completed forms to: State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor Columbus,
OH 43215-6127

YCH, LLC
6721 Karl Rd
Columbus, OH
43229

COLUMBUS OH 430

16 FEB 2024 PM 3 L



State Medical Board of Ohio
Legal Dept.
30 E. Broad St. 3rd floor
Columbus, OH 43215-6127

FEB 21 2024
STATE MEDICAL BOARD OF OHIO

43215-612799



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

FEB 21 2024
STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	Jan	15	2024
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Your Choice Healthcare LLC			
3. Address of medical practice or facility at which RU-486 was provided: 6721 Karl Road Columbus OH 43229			
4. Date post RU-486 complication began: Jan 22 2024			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: 1 Hours 0 Days			
7. Remarks: Retinal tissue Rebound for D&C.			
8. a. Name of physician who provided RU-486 Wanda Robinson MD			
8. b. Physician's signature [Signature] (MD/D.O.)			
Date 2-12-24			

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

YCH, LLC
6721 Karl Rd
Columbus, OH 43229

COLUMBUS OH 430
16 FEB 2024 PM 3 L



State Medical Board of Ohio
Legal Dept.
30 E. Broad St., 3rd floor
Columbus, OH 43215-6127

FEB 21 2024
STATE MEDICAL BOARD OF OHIO

43215-612799



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:	<u>Dec</u> Month	<u>11</u> Day	<u>2023</u> Year
2. Name of medical practice or facility at which RU-486 was provided: <u>Your Choice Healthcare LLC</u>			
3. Address of medical practice or facility at which RU-486 was provided: <u>6721 Kant Rd Columbus OH 43229</u>			
4. Date post RU-486 complication began: <u>12/18/23</u>			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: <u>1</u> Hours <u>0</u> Days			
7. Remarks: <u>PT did not complete protocol after mifepristone resulting in retained non-viable pregnancy. Ref'd to her OB for D&C</u>			
8. a. Name of physician who provided RU-486 <u>William Brown MD</u>			
8. b. Physician's signature <u>[Signature]</u> <u>MD/D.O.</u>			
Date <u>1-26-24</u>			

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Legal Department
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OH 43215-6127

FEB 05 2024
STATE MEDICAL BOARD OF OHIO

YCH, LLC
6721 Karl Rd
Columbus, OH 43229

COLUMBUS OH 430

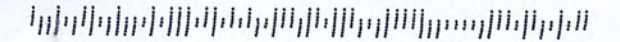
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FEB 05 2024

STATE MEDICAL BOARD OF OHIO



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

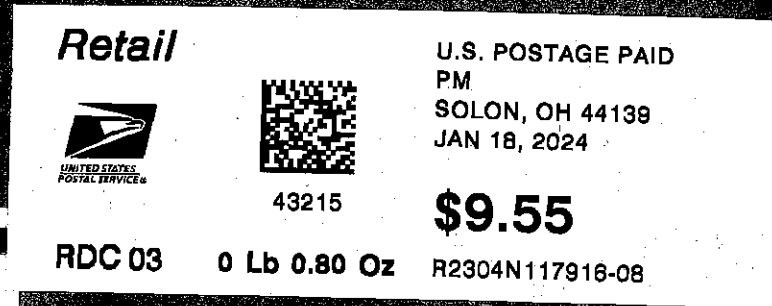
To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	11 Month	4 Day	2023 Year
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood of Greater Ohio			
3. Address of medical practice or facility at which RU-486 was provided: 25350 Rockside Road, Bedford Heights, Ohio, 44146			
4. Date post RU-486 complication began: 12/18/23			
5. Event(s) (Please check all that apply): <input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>hematometra</u>			
6. Duration of event: <u>1</u> Hours <u> </u> Days			
7. Remarks: MAB initiated per FDA regimen 11/4/23. Follow up ultrasound performed on 12/18/23 revealed hematometra. Pt opted for second dose of misoprostol to resolve hematometra.			
8. a. Name of physician who provided RU-486 <u>Zevidah Vickery</u>			
8. b. Physician's signature <u>[Signature]</u> M.D. / D.O. Date <u>1/6/24</u>			

Send completed forms to: State Medical Board of Ohio

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

99014
28350 Rockside
Bedford Hts, OH 44146



Legal Dept
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6157



State Medical Board of Ohio
Report of RU-486 Event

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

1. Date RU-486 was provided:	<u>Nov</u> Month	<u>14</u> Day	<u>2023</u> Year
2. Name of medical practice or facility at which RU-486 was provided: <u>Yost Anne Kathleen LLC</u>			
3. Address of medical practice or facility at which RU-486 was provided: <u>6721 Karl Rd Columbus OH 43229</u>			
4. Date post RU-486 complication began: <u>11/27/23</u> <u>12/7/23</u> <u>(BR)</u>			
5. Event(s) (Please check all that apply): <input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input checked="" type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____			
6. Duration of event: <u>1</u> Hours <u>0</u> Days			
7. Remarks: <u>Pt referred to ID for future management.</u>			
8. a. Name of physician who provided RU-486 <u>William Noorani MD</u>			
8. b. Physician's signature <u>[Signature]</u> <u>(M.D./D.O.)</u> Date <u>12/11/23</u>			

Send completed forms to:

State Medical Board of Ohio
Legal Department
30 E. Broad St., 3rd Floor
Columbus, OH 43215-6127

JAN 22 2024

STATE MEDICAL BOARD OF OHIO

6721 Karl Rd
Columbus, OH 43229

COLUMBUS OH 430

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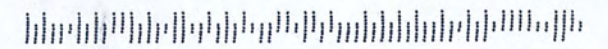


State Medical Board of Ohio
Legal Dept.
30 E. Broad St., 3rd Floor
Columbus, OH 43215

JAN 22 2024

STATE MEDICAL BOARD OF OHIO

43215-612799





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:	11	16	2023
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood of Greater Ohio			
3. Address of medical practice or facility at which RU-486 was provided: 25350 Rockside Road, Bedford Heights, Ohio, 44146			
4. Date post RU-486 complication began: 11/17/23			
5. Event(s) (Please check all that apply): <input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>Failed, ectopic</u>			
6. Duration of event: <u>1</u> Hours <u> </u> Days			
7. Remarks: US preformed on 11/16/23 unknown location of pregnancy noted. Pt had MAB per FDA regimen on 11/16/23 with FU hcg quants and ectopic precautions. Hcg quant results 11/17/23 showed concern for ectopic pregnancy. Pt referred to ED 11/17/23. 11/17/23 ED US found left tubal ectopic and pt underwent LS left salpingectomy.			
8. a. Name of physician who provided RU-486 <u>Bhavik Kumar</u>			
8. b. Physician's signature <u>[Signature]</u> <u>M.D. / D.O.</u> Date <u>12/27/23</u>			

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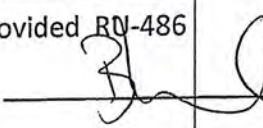
JAN 08 2024
STATE MEDICAL BOARD OF OHIO



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-486

1. Date RU-486 was provided:	10/18/2023
	Month Day Year
2. Name of medical practice or facility at which RU-486 was provided:	Planned Parenthood of Greater Ohio
3. Address of medical practice or facility at which RU-486 was provided:	25350 Rockside Road, Bedford Heights, Ohio, 44146
4. Date post RU-486 complication began:	10/27/2023
5. Event(s) (Please check all that apply):	
<input type="checkbox"/> Incomplete abortion	<input type="checkbox"/> Adverse reaction to RU-486
<input type="checkbox"/> Patient received a transfusion	<input type="checkbox"/> Patient hospitalized
<input type="checkbox"/> Severe bleeding	
<input checked="" type="checkbox"/> Other serious event (specify)	Failed abortion
6. Duration of event: 1 Hours	Days
7. Remarks:	RU-486 was administered on 10/18/23 per FDA regimen. Patient had MAB follow-up visit, at this appointment Ultrasound showed continued pregnancy. Patient proceeded with uterine aspiration. Patient did well post-op.
8. a. Name of physician who provided RU-486	Bhavik Kumar
8. b. Physician's signature	 M.D./D.O.
	Date 12/27/2023

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Legal Department

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Columbus, OH 43215-6127

JAN 08 2024

STATE MEDICAL BOARD OF OHIO

PRESS FIRMLY TO SEAL



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JAN 08 2024

STATE MEDICAL BOARD OF OHIO



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EXPECTED DELIVERY DAY: 01/06/24

USPS TRACKING® #



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EP14W July 2022
OD: 12.5 x 9.5

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ONE RATE ■ ANY WEIGHT

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25350 Racks-de Rd
Bedford, Hts Ohio 44146

JAN 08 2024
STATE MEDICAL BOARD OF OHIO

State Medical Board of Ohio
Legal Department
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Columbus, OH 43215-6127