(Required pursuant to R.C. 2919.123)

FEB 2 1 2024

STATE MEDICAL BOARD OF OHIO

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		Jan	19	2024
		Month	Day	Year
2. Name of medical practice or You Chaire			d:	
3. Address of medical practice o		U-486 was provid	ed:	
6721 Kaul Rd	•	1 1		
4. Date post RU-486 complication	on began: Jan 25	2024		
5. Event(s) (Please check all that	apply):			
	Adverse rea	ction to RU-486	_ Patient hospitalize	ed
Patient received a transfusion	Severe bleed	ling		
Other serious event (specify)				
5. Duration of event:l	HoursO	Days		
7. Remarks: Retail 1	sine. Ref	ld to OBCa	ge for Do	
3. a. Name of physician who pro	vided RU-486	Willam	Roppin	- w)
3. b. Physician's signature	Date -	2.8.	way M.D.	D.O
	te Medical Board o	f Ohio		
	al Department	6.1		
30 (E. Broad St., 3 rd Floo	or Columbus,		

OH 43215-6127

(Required pursuant to R.C. 2919.123)

FEB 2 1 2024

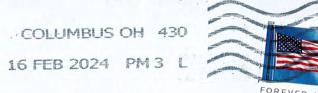
To be completed by the physician who provided RU-486

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	Jan	30	Zozy
	Month	Day	Year
2. Name of medical practice or facility at which		ided:	
3. Address of medical practice or facility at wh		vided:	
4. Date post RU-486 complication began: 2	15/2024		
P Incomplete abortion Adversion Severe Other serious event (specify)	e pleeding	Patient hospitaliz	ed
5. Duration of event:(Hours&	Days		'
7. Remarks: Failed MAB. Pt o	ply to coul	inic pungni	7.
3. a. Name of physician who provided RU-486 3. b. Physician's signature	1	1200 MD	
State Medical Box Legal Department 30 E. Broad St., 3			

OH 43215-6127

40H.UC 6721 Karl Rd Cols.101 43129



State Medical Board of Ohio legal Dept. 30 E. Broad St. 3rd Hoor cols. 101 43215-4927

FEB 2 1 2024

STATE MEDICAL BOARD OF OHIO

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(Required pursuant to R.C. 2919.123)

FEB 21 2024

To be completed by the physician who provided RU-486

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provid	ed:	Jon	15	rory
		Month	Day	Year
2. Name of medical praction			vided:	
Your Chris	e Mealthane U	LC i		
2. Adduses of weedied week	iaa ay faailibu at uubiah	DIL 496 was a	المراجعة الم	
3. Address of medical pract				
btc1 caul	Moud Columb	1 2	43009	
4. Date post RU-486 compl	ication began: Ja	n zz z	sey	
5. Event(s) (Please check al	that apply):			
✓ Incomplete abortion	Adverse	eaction to RIL-494	Patient hospitalize	ad
		- 10 NO 400	Fatient nospitalize	eu
Patient received a transfusio	n Severe blee	eding		
Other serious event (specify)				
5 Duration of events /				
6. Duration of event:	Hours	_ Days		
7. Remarks:	tismi Rebu	and for	DAG	
viecni	Which state	200/ 300		
3. a. Name of physician who	provided RU-486		to Roonin	- W
B. b. Physician's signature		1	MD/	D.O
	Date	2.12.	•	
and completed for the				
end completed forms to:	State Medical Board	of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Flo	oor Columbus,		
	OH 42215 6127			

YCH, LLC 10721 Karl Rd Cols, Oh 43229

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State Medical Board of Ohio Legal Dept. 30 E. Broad St., 3rd Floor Cols, Oh 43215-6127

STATE MEDICAL BOARD OF OHIO

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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:		Dec	()	2023
		Month	Day	Year
2. Name of medical practice or f	acility at which RU	J-486 was provi	ded:	
Your Choic	Hallhan U	.c .	ű,	
		22	V	
3. Address of medical practice or b 721 kml md	facility at which F	RU-486 was pro 42219	vided:	
4. Date post RU-486 complication	n began:	8/23		
5. Event(s) (Please check all that	apply):			
X. Incomplete abortion	Adverse rea	action to RU-486	Patient hospitalize	ed
——————————————————————————————————————		A New York National		7.70
Patient received a transfusion	Severe blee	ding		
	1	+		
Other serious event (specify)				
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks: PT did not	complete pr	or cal after	miseprane .	resideny Dale
in retains	non unde pu	yuz. Ret	a to her or	o fu vit
	AND BUT NOTES	0.00	0.000	L W
3. a. Name of physician who prov	ided RU-486	- Will	AM ROOM	
B. b. Physician's signature		7	MD.	/ D.O
	Date -	1-2	6-24	
and completed forms to:	e Medical Board o	No.		
		oli Onio		
27.77	al Department			n E 2021
	. Broad St., 3 rd Flo	oor Columbus,		EB 05 2024
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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

B . Bu 400	<u>11</u>	4	2023
1. Date RU-486 was provided:	Month	Day	Year
Name of medical practice or facility at which Planned Parenthood of Greater C	RU-486 was provi	# A	168)
3. Address of medical practice or facility at which 25350 Rockside Road, Bedford	1		
4. Date post RU-486 complication began: 12/18/23		,	· .
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverso	reaction to RU-486	Patient hospitalized	l ,
Patient received a transfusion Severe bleeding	,	<i>I</i> ,	
X Other serious event (specify) hematometra			
6. Duration of event: Hours	Days		*
7. Remarks: MAB initiated per FDA regimen 11/4/23. Follow Pt opted for second dose of misoprostol to reso	up ultrasound prefo ve hematometra.	ormed on 12/18/23 rev	ealed hématometra.
8. a. Name of physician who provided RU-486 8. b. Physician's signature	Zevidak Vick	(ery , M.D.)	D.O
Sella completer forms to i	ical Board of Ohio	1 1	
Legal Department	J		
30 E. Broad St., 3 rd Columbus, OH 43	•		
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(Required pursuant to ORC 2919.123)
To be completed by the physician who provided RU-486

Date RU-486 was provided:	nhow	. 19	2013	
	Month	Day	Year	
2. Name of medical practice or facility at w Low/ Curin Hallhu	rhich RU-486 was prov	ided:		
	\$			A CONTRACTOR OF THE CONTRACTOR
3. Address of medical practice or facil		was provided:		
4. Date post RU-486 complication beg	Tan:	A CONTRACTOR OF THE CONTRACTOR	*********	West of the second seco
11/27/23 12/3/23		Ī		
5. Event(s) (Please check all that apply		+	range new parties and the second	t and the second
	Averse reaction to RU-486	Patient höspitali	zed	
Patient received a transfusion 🗡 Severe ble	eeding	2.8		
		3		
Other serious event (specify)				
. Duration of event: Hours	O Days		The Vivo	New Property Control of the Control
7. Remarks:	7			
Pt return to	eo for futur	in rought		
a. Name of physician who provided	RU-486 _ (V)	MAM Ro	onny no	1
3. b. Physician's signature	\sim	11/23	(M,B)/D.O	7
	**************************************	The state of the s		+ 1
nd completed forms to:	State Medical	Board of Ohio		N 411
Le	gal Department		-	8
ac	F Broad St 2rd Elo	0.00	+	1.6

Columbus, OH 43215-6127

JAN 2 2 2024 STATE MEDICAL BOARD OF OHIO 6721 Karl Rd cols., Oh 43229

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

JAN 2 2 2024

STATE MEDICAL BOARD OF OHIO

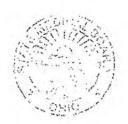
43215-612799



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was prov	ided:	11	16	2023
		Month	Day	Year
Name of medical pract Planned Page 19 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	tice or facility at which arenthood of Greater Oh		vided:	
3. Address of medical pra	ctice or facility at which			
4. Date post RU-486 com 11/17/23	plication began:		4	
5. Event(s) (Please check	all that apply):	76		
Incomplete abortion Patient received a transfus		reaction to RU-486	Patient hospita	alized 4
X Other serious event (speci		Days	r	* 1.
6. Duration of event.	1Hours	Days	i -	.504
7. Remarks: US preformed on 11/16/23 FU hcg quants and ectopic referred to ED 11/17/23. 13	precautions. Hcg guant	results 11/17/23	showed concern for	A regimen on 11/16/23 with or ectopic pregnancy. Pt left salpingectomy.
8. a. Name of physician w 8. b. Physician's signature	Sh	Bhavik Ku e 12/27/23	imar	2700
Send completed forms to:	State Medic	al Board of Ohio		
	Legal Department 30 E. Broad St., 3 rd I Columbus, OH 432		STAT	JAN 08 2024 E MEDICAL BOARD OF OHIO



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:	10/18/2023			
		Ionth	Day	Year
Name of medical practice or facility at which Planned Parenthood of Greater 0		86 was pro	vided:	
3. Address of medical practice or facility at which				
4. Date post RU-486 complication began: 10/	27/2023		v ~	
5. Event(s) (Please check all that apply):				
Incomplete abortion Adverse Adverse Patient received a transfusion Severe bleeding Failed abortion	1	n to RU-486	Patient hospitaliz	ed
x_ Other serious event (specify)	Da	ys	· · · · · · · · · · · · · · · · · · ·	1 1
7. Remarks: RU-486 was administered on 10/18/23 per FDA regime continued pregnancy. Patient proceeded with uterine a	nen. Pati	ent had MAE n. Patient di	g well post-op.	pointment Ultrsound shower
8. a. Name of physician who provided RN-486 8. b. Physician's signature Da	te —	Bhavik Kum		/D.O **-
Send completed forms to: State Medi Legal Department 30 E. Broad St., 3 rd Columbus, OH 432	Floor		JA	N 0 8 2024 DICAL BOARD OF OHIO

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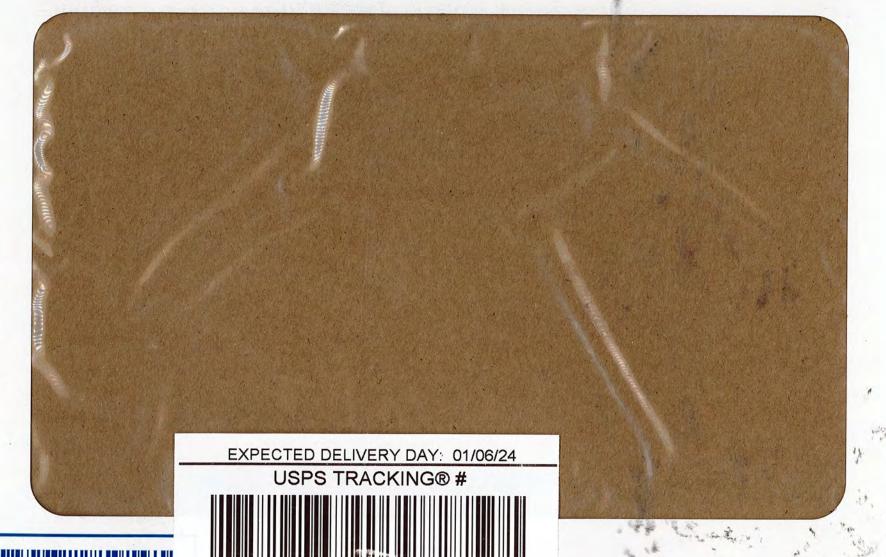
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