

#### 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

PT041418

			, ,	101111
1. Date RU-486 was provid	ed: 59	bay		2024 Year
Name of medical practice     Women's Med Dayt	e or facility at which RU-486 was			
1401 E Stroop Rd	fce or facility at which RU-486 w	as provided:	:	A <sub>2</sub>
Dayton, Ohio 45429 4. Date post RU-486 compl		06/2024		AND STATE OF THE PARTY OF THE P
5. Event(s) (Please check al	l that apply):	<u> </u>		annen ang Panda Stanoville, kan gayanggap Palama Camurang Antainan
Incomplete abortion	Aóberse reaction to R	U-486 Patient by	ospitalized	
Patient received a transfusion	onSevere bleeding			
Other serious event (specify	1)			german
6. Duration of event:	Hours Days			mpy Tryphyllamolda aglyny gynnwydd i'w rwy gallei al chunnygann
7. Remarks:		nation and desired the second		***************************************
8. a. Name of physician w	o provided RU-486	ssarriva (	Johnan	Secretary of the secret
8. b. Physician's signature	Date	1/13/24	o_	
Send completed forms to:	State Medical Board o	1	701	Americania (19 to d'Alternaciona projetto Principa y aperiologic : :
	Legal Department 30 E. Broad St., 3 <sup>rd</sup> Floor	a de	-	
	Columbus, OH 43215-6127			
Prescribed: 5//2011, Rev. 12/13/12		1 1		



## 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

			PT000140	124
1. Date RU-486 was provided:	09	12.	2024	
	Month	Day	Year	
2. Name of medical practice or facility a	t which RU-486 was provi	ded:		
Women's Med Dayton	444			
3. Address of medical practice or facility	at which RIL-186 was prov	idad:		
1401 E Stroop Rd	at Which No-400 was pro-	Aldea,		
Dayton, Ohio 45429				
4. Date post RU-486 complication began				
<u> </u>				
5. Event(s) (Please check all that apply):	•			
Incomplete abortion	Adverse reaction to RU-486	Patient hospita	lized	
Patient received a transfusion Severe b	pleeding			
D .	a led in a	1		
Other serious event (specify)	culed med	Li Catio	n aborto	7
6. Duration of event: Hours	Days			
7. Remarks: Wude	rwent u.	~ comp	licated	
	Dac	ſ		
8. a. Name of physician who provided R	U-488 Teann	e Grair		_
				-
8. b. Physician's signature		III W	2024	
	Date	1100	000	
Send completed forms to: Stat	te Medical Board of Ohio	<b>)</b>		
Legal Depa	rtment			
30 E. Broad	d St., 3 <sup>rd</sup> Floor		•	
Columbus,	OH 43215-6127		( - ( <sup>3</sup>	

100



# 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 provid	ed:	9	3	24
		Month	Day	Year
2. Name of medical practic	e or facility at which	n RU-486 was pro	ovided:	* PA-100-100-100-100-100-100-100-100-100-10
Women's Med Dayt	on			
3. Address of medical pract 1401 E Stroop Rd	ice or facility at whi	ch RU-486 was p	rovided:	
Dayton, Ohio 45429			PTOOC	123467
4. Date post RU-486 compli	cation began: 9	25 24	-	
5. Event(s) (Please check all	that apply):		- Control of the Cont	
Incomplete abortion	Adverse	e reaction to RU-486	5 Patient hospitaliz	ed
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	fail-	ed a	botton	
6. Duration of event:	1 Hours	Days		
7. Remarks:	ad un	compli	cated	D et C
3. a. Name of physician who 3. b. Physician's signature	provided R0 486 Dat	) (e 09	125 (SO)	100 LY
end completed forms to:	State Medic	to Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup>	Floor		nrtn4 2024
`	Columbus, OH 432	15-6127		9010.
			5	STATE MEDICAL BOARD OF



### 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

64/1654

1. Date RU-486 was provided:	10		02	2024
***************************************	Мол	th	Psy	Year
2. Name of medical practice or fa	cility at which RU-486 v	was provided:		
Women's Med Dayton				
3. Address of medical practice or	facility at which DII ARG	use provided:	3	
1401 E Stroop Rd	facility at Which KO-480	was provided:		
Dayton, Ohio 45429				
4. Date post RU-486 complication	began: 10)2	8/2021		
5. Event(s) (Please check all that a	ipply):			
✓ Incomplete abortion	Adverse reaction t	o RU-486 Pa	ntient hospitalized	j
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours Days	-vikuusidiniddeliliinnelsed kuskussussassa TV VIII vikuusidinideliliinnelsed		
7. Remarks:				
		(10)	711	
8. a. Name of physician who prov	ided RU-486	Casandro	Cour	YIN.
8. b. Physician's signature		11 2	M.D./	0.0
	Date	_11/15	164	
Send completed forms to:	State Medical Board	d of Ohio		
	al Department			
30 E	. Broad St., 3 <sup>rd</sup> Floor			
Colu	ımbus, OH 43215-612	7		MANUA AA

NOV 2 0 2024

STATE MEDICAL BOARD OF DINO



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

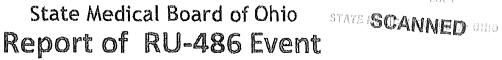
(Required pursuant to R.C. 2919,123)

To be completed by the physician who provided RU-485

		4:	42002	
1. Date RU-486 was provided:	_10	14	24	
	Month	Day	Year	
Name of medical practice or facility at     Mamonia Mod Dayton	which RU-486 was provid	ded:		
Women's Med Dayton				
3. Address of medical practice or facility a 1401 E Stroop Rd	at which RU-486 was prov	vided:		
Dayton, Ohio 45429				
4. Date post RU-486 complication began:				
12 5 24				
5. Event(s) (Please check all that apply):				
	Adverse reaction to RU-486	Patient hospitalize	ed:	
Patient received a transfusion Severe bl	leeding			
Other serious event (specify)				
6. Duration of event: Hours	Days			
7. Remarks:			and the second of the second o	
8. a. Name of physician who provided Rt	J-486 <u>Ca</u>	herine Pon	ranes	
8. b. Physician's signature	<u>a</u>	(M)	/0.0	
	Date —	1215/2	<del></del>	
Send completed forms to: State	e Medical Board of Ohio	And the second s		
Legal Depar	tment			
30 E. Broad	St., 3 <sup>rd</sup> Floor		•	
Columbus,	OH 43215-6127			

STATE MEDICAL BOARD OF URD

001 29 2024





(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

41267

1. Date RU-486 was provided:	09	20	24
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provide	d:	
Women's Med Dayton		A	
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was provic	led:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	10/22/24		
5. Event(s) (Please check all that apply):			
	Adverse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe blue	eeding		
Other serious event (specify)			
6. Duration of event: Hours _	Days		
7. Remarks;			
8. a. Name of physician who provided RU	1-486 (all)	evine Ro	manos
8. b. Physician's signature	Date	MO	200 24/24
Send completed forms to: State	Medical Board of Ohio	**************************************	de a sino por company de la co
Legal Depart			
30 E, Broad	Št., 3 <sup>rd</sup> Floor		•

Columbus, OH 43215-6127