



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

PT00014024

1. Date RU-486 was provided: 09 12 2024
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
Women's Med Dayton

3. Address of medical practice or facility at which RU-486 was provided:
**1401 E Stroop Rd
Dayton, Ohio 45429**

4. Date post RU-486 complication began:

5. Event(s) (Please check all that apply):

☐ Incomplete abortion ☐ Adverse reaction to RU-486 ☐ Patient hospitalized

☐ Patient received a transfusion ☐ Severe bleeding

☐ Other serious event (specify)

failed medication abortion

6. Duration of event: _____ Hours _____ Days

7. Remarks:

*underwent uncomplicated
D&C*

8. a. Name of physician who provided RU-486

Jeanne Gwin

8. b. Physician's signature

Date

[Signature] MD/DO
11 06 2024

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127



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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:	<u>9</u>	<u>3</u>	<u>24</u>
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Women's Med Dayton			
3. Address of medical practice or facility at which RU-486 was provided: 1401 E Stroop Rd Dayton, Ohio 45429 PT00023467			
4. Date post RU-486 complication began: <u>9/25/24</u>			
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 abortion</u>			
6. Duration of event: <u>2</u> Hours <u>0</u> Days			
7. Remarks: <u>Had uncomplicated DAC</u>			
8. a. Name of physician who provided RU-486 <u>CURWIN</u>			
8. b. Physician's signature <u>[Signature]</u> MD/DO			
Date <u>09/25/2024</u>			

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OCT 04 2024
STATE MEDICAL BOARD OF OHIO