

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		01	21	22
		Month	Day	Year
 Name of medical practice or Women's Med Dayton 	facility at w	hich RU-486 was provid	led:	
Wollien's Med Dayton				Anna an
3. Address of medical practice of 1401 E Stroop Rd	or facility at v	which RU-486 was prov	íded:	
Dayton, Ohio 45429				# 19733
4. Date post RU-486 complicati	on began:	1/31/22		
5. Event(s) (Please check all that	it apply):		ann a ru ann an Art	
Incomplete abortion	Ad	verse reaction to RU-486	Patient hospitalize	ed .
Patient received a transfusion	Severe blee	ding		
Other serious event (specify)				
6. Duration of event:	Hours	ZDays		
7. Remarks: ongoin medicati	or her	avy billed	ing of	fee
Suction	DE	C		
8. a. Name of physician who pi	ovided RU-	486 Dr. Je	ianne Cor	win
8. b. Physician's signature		Con	~ MB	100
		Date 01	31 202 2	>
Send completed forms to:	State	Medical Board of Ohio		an a
L	egal Departr	nent		
3	0 E. Broad St	t., 3 rd Floor		
C	olumbus, Ol	43215-6127		FEB 1 7 202
				STATE MEDICAL BOARD
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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided	l:	Month	24 Day	22 Year
2. Name of medical practice	or facility at which RU-4	486 was provid	ed:	Contraction of the second s
Women's Med Daytor	1			
3. Address of medical practic 1401 E Stroop Rd	e or facility at which RU	I-486 was prov	ded:	
Dayton, Ohio 45429				
4. Date post RU-486 complica	$\frac{1}{2}$			
5. Event(s) (Please check all t	hat apply):		Brann a geographic and a second s	
	Adverse read	tion to RU-485	Patient hospitalize	:d
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days	yana kata kata kata kata kata kata kata k	
7. Remarks: Patient Underwe	presented un nt uncomplica	sith re- sted D	tained I tC.	UP_
8. a. Name of physician who	provided RU-486	Keith	Réisting	er-Kindle
8. b. Physician's signature	<u>Am</u>	2	M.D	10.0
	Date -	2/2/22	9 - 100 - 10 - 10 - 10 - 10 - 10 - 10 -	MER Manuar - 157551000144.444
Send completed forms to:	State Medical I	Board of Ohio		and a second
	Legal Department			
	30 E. Broad St., 3rd Flor	or		FEB 17 2022
	Columbus, OH 43215-	-6127		STATE MEDICAL BOARD OF O



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	1	5	22
	Month	Day	Year
2. Name of medical practice or facility at w Planned Parenthood	hich RU-486 was pro	vided:	
3. Address of medical practice or facility at	which RU-486 was pr	ovided:	
2314 Auburn Aue.	ana, ott	45219	
4. Date post RU-486 complication began: $1/12/2^2$		an a she ha a she a she a she a she a she	
5. Event(s) (Please check all that apply):			
Ad	verse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe blee	ding		
Other serious event (specify)			
6. Duration of event:Hours	Days		
7. Remarks:			
			-
X			
8. a. Name of physician who provided RU-4	86	Dr. 16%	12
8. b. Physician's signature	Male	mp,	0.0
	Date2	18/22	
Send completed forms to: State N	Nedical Board of Ohio)	
Legal Departm	ent		
30 E. Broad St.	, 3 rd Floor		
Columbus, OH	43215-6127		

FEB 17 2022 STATE MEDICAL BOARD OF OHIO

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

. Date RU-486 was provided:	Feb	25	2012
	Month	Day	Year
. Name of medical practice or facility at w			4
Your Choice the	anthree LL(
Address of medical practice or facil	ity at which RU-486	i was provided:	and a second
6721 Leave Poe	nl. Columb	5 or 4322	9
. Date post RU-486 complication beg	gan: 3.7.72		
5. Event(s) (Please check all that apply		in de la constantino de la constantino E	na na seconda de la companya de la c
11.1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	national include	
£ Incomplete abortionA	dverse reaction to RU-486	i Patient hospitali	tea -
Patlent received a transfusion Severe bi	leeding		
Other serious event (specify)			
the second se	the second second second		
			and the second
	O Days		
5. Duration of event; Hours			
5. Duration of event; Hours		. Reported n	réepusée pusisprested.
5. Duration of event; Hours		. Reported n	réconstile pusioprested.
5. Duration of event; Hours		. Reported n	réepusée pusisprested.
5. Duration of event: Hours 7. Remarks: Contrying prog	nzi on uis	. Reported n V. Ann N	· ·
6. Duration of event: Hours 7. Remarks: Contryny Provident 8. a. Name of physician who provident	nzi on uis		unally
5. Duration of event: <u>l</u> Hours _ 7. Remarks: Contryy provide 8. a. Name of physician who provide	ng on uis d RU-486	K. Ann N	
6. Duration of event: Hours	nzi on uis		unally
 Duration of event: Hours Remarks: Contruying providence a. Name of physician who providence b. Physician's signature 	ny on uis d RU-486 Date	K. Ann N	unally
 6. Duration of event: Hours 7. Remarks: Containing page 8. a. Name of physician who provides 8. b. Physician's signature 5. b. Physician's signature 	ny on uis d RU-486 Date	<u>k. Ann</u> N 	unally
 5. Duration of event: Hours 7. Remarks: Containing page 8. a. Name of physician who provides 8. b. Physician's signature end completed forms to: 	d RU-486 Date State Media	U. Ann N 3-8-12 cal Board of Ohio	unally

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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-485

1. Date RU-486 was provided:	Feb	. 28	2012	
	Month	Day	Year	
2. Name of medical practice or facility at	which RU-486 was provided	1 :		
Your Choic hadt	have llC		÷	
3. Address of medical practice or fac			analis set a state of the set of	
6721 Var Ph.	Colubers 611	43229		
4. Date post RU-486 complication be	igan: 3-7-22			
5. Event(s) (Please check all that app	ly):		anne anna ann an an Ann an An Ann an Ann	-
1 ind				
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized		
Patlent received a transfusion Severe I	bleeding		÷	
Other serious event (specify)	ning and the second			
6. Duration of event; Hours _	O Days			
7. Remarks:	ne fle Rom	r d avitan	sue (miss pressed .	
Continuind linesus	s an the repa	on moop		
8. a. Name of physician who provide	d RU-486 A.	n Nunnal	y .Ms	
8. b. Physician's signature	R/		M.D/D.O	
	Date	3.4.20		
i i i i i i i i i i i i i i i i i i i				-
end completed forms to:	State Medical Bo	ard of Ohio		
	Legal Department			
	30 E. Broad St., 3rd Floor			

MAR'1 6 2022 STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	d:	<u>a</u>		22
		Month	Day	Year
 Name of medical practice Women's Med Dayto 		n RU-486 was prov	ided:	
3. Address of medical practic 1401 E Stroop Rd	e or facility at whi	ch RU-486 was pro	ovided:	
Dayton, Ohio 45429				
4. Date post RU-486 complic	ation began: 3	117/22	a	
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Advers	e reaction to RU-485	Patient hospita	lized
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	10,000		anan an	
6. Duration of event:	Hours	Days		
7. Remarks:				19
	Suct	jer		
8. a. Name of physician who	provided RU-486	Cather	ine Rom	2005
8. b. Physician's signature	- C Da	ate 3/17/2	2 (11)	Dea-
send completed forms to:		ical Board of Ohio		
	Legal Department			
	30 E. Broad St., 3" Columbus, OH 43			MAR 2 1 2022
		and an addition of the second second	5	TATE MEDICAL BOARD OF OH



(Required pursuant to R.C. 2919.123)

Marth 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 1401 E Stroop Rd Dayton, Ohio 45429 4. Date post RU-486 complication began: 3/8/202 5. Event(s) (Please check all that apply): 3/8/202 Y incomplete abortion	1. Date RU-486 was provid	ded:	01	IL	2022
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: 3./3/2/22 5. Event(s) (Please check all that apply): Sincomplete abortion	and a state of the		Month	Day	
1401 E Stroop Rd Dayton, Ohio 45429 4. Date post RU-486 complication began: 3/8/202 5. Event(s) (Please check all that apply): Vincomplete abortion			n RU-486 was prov	ded:	
5. Event(s) (Please check all that apply): X Incomplete abortionAdverse reaction to RU-486Patient hospitalized Patient received a transfusionSevere bleeding Other serious event (specify) 6. Duration of event: Hours Days 7. Remarks: Such cm 8. a. Name of physician who provided RU-486 <u>Catherine Romano S, N</u> 8. b. Physician's signature <u>MD_Da</u> b. Physician's signature <u>MD_Da</u> Send completed forms to: State Medical Board of Ohio Legal Department	1401 E Stroop Rd		ch RU-486 was pro	vided:	
Adverse reaction to RU-486Patient hospitalized Patient received a transfusionSevere bleeding Other serious event (specify)	4. Date post RU-486 compl	lication began:	3/8/22	1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 -	
7. Remarks: Such cm 8. a. Name of physician who provided RU-486 8. b. Physician's signature Date Date Date Date State Medical Board of Ohio Legal Department	Incomplete abortion Patient received a transfusio	Adverse		Patient hospitali	ized
Such cm 3. a. Name of physician who provided RU-486 <u>Catherine Romanos, N</u> 3. b. Physician's signature <u>MD Do</u> Date <u>3/10/DD</u> wend completed forms to: State Medical Board of Ohio Legal Department	6. Duration of event:		Days		
B. b. Physician's signature Date	7. Remarks:	Suchar			
Legal Department				>, MD	
Columbus, OH 43215-6127	end completed forms to:	Legal Department 30 E. Broad St., 3 rd	Floor		MAR 2 1 2022



(Required pursuant to R.C. 2919.123)

	Jan	210	2022
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provide	٤d:	
Women's Med Dayton			
3 Address of medical practice or facility	+		
 Address of medical practice or facility a 1401 E Stroop Rd 	u which RU-486 was provid	160:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began: $3/3/23$			
5. Event(s) (Please check all that apply):			
Incomplete abortion A	Adverse reaction to RU-485	Patient hospitalized	
Patient received a transfusion Severe bla	failed M	idication)
	and fridden served allowed and served allowed a		
6. Duration of event: Hours	Days		
	plicated	NAE	
	plicated	DAE	
7. Remarks: UMCOM	plicated		0
7. Remarks: 3. a. Name of physician who provided RU-	Alicated 486 Jeanne	Corwin	۵ ک
7. Remarks: UMCOM 3. a. Name of physician who provided RU- 3. b. Physician's signature	Alicated 485 Jeanne Date 03(0	Corwin MD/D	9
7. Remarks: 8. a. Name of physician who provided RU- 8. b. Physician's signature	A86 Jeanne Date 03(C Medical Board of Ohio	Corwin MD/D	9
7. Remarks: UMCOM 8. a. Name of physician who provided RU- 8. b. Physician's signature	A86 Jeanne Date 03(0 Medical Board of Ohio ment	Corwin MD/D	△ → MAR 2 1 2022



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	1	7	22
	Month	Day	Year
2. Name of medical practice or facility at v	which RU-486 was provi	ded:	
Planned Parenthood of Greater Ohio			
3. Address of medical practice or facility at	which RU-486 was prov	vided:	
25350 Rockside Rd. Bedford Hts.	Ohio 44146	an ang ta da t	
4. Date post RU-486 complication began: 1/11/22			
5. Event(s) (Please check all that apply):			
X Incomplete abortion A	dverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe blee	eding		
Other serious event (specify)		147 A.	
6. Duration of event: <u>1</u> Hours	Days		
7. Remarks: MAB procedure was initiated p nausea. US performed on 1/11/22 revealed pt. did well post op.	-		
8. a. Name of physician who provided RU-	486 Dr. Vickery	1	
8. b. Physician's signature	Date	M.D.	/ D.O
Send completed forms to: State I	Medical Board of Ohio		www.
Legal Departn			
30 E. Broad St			
Columbus, Of	43215-6127		



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	1	13	22
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provi	ded:	
Planned Parenthood of Greater Ohio)		
an a			
3. Address of medical practice or facility at	t which RU-486 was pro	vided:	
25350 Rockside Rd. Bedford Hts.	Ohio 44146		
4. Date post RU-486 complication began:			
1/20/22			
5. Event(s) (Please check all that apply):			
X_Incomplete abortion A	Adverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe ble	eeding		
Other serious event (specify)			
6. Duration of event: <u>1</u> Hours _	Days		
7. Remarks: Mab procedure was initiated	per FDA regimen on 1/1	3/22. Pt. called on	1/20/22 with c/o
little to no bleeding. US performed on 1/21	1/22 confirmed continuin	g pregnancy. Surg	ical aspiration was
performed 1/27/22; pt. did well post op.			
8. a. Name of physician who provided RU-	-486 Dr. Vickery		
8. b. Physician's signature	$- \square$	M.D	/ D.O
	Date		
Send completed forms to: State	Medical Board of Ohio	, <u>1. 5. 406 - 111</u>	······································
Legal Depart			
30 E. Broad S			
	H 43215-6127		

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

	March	. Y	2022
	Month	Day	Year
Name of medical practice or facility at Vour Choice Kaltha		ed:	MAR 28 2022 STATE MEDICAL BOARD OF OH
			OF OH
3. Address of medical practice or fac 6721 Kall Kal			
. Date post RU-486 complication be ろ・レーフロクン	egan:		
5. Event(s) (Please check all that app	oly):		
	Adverse reaction to RU-486	Patient hospitalize	ed
	Adverse reaction to RU-486	Patient hospitaliz	ed
Patlent received a transfusion Severe	Adverse reaction to RU-486	Patient hospitaliz	ad
Patlent received a transfusion Severe Other serious event (specify) 5. Duration of event: Hours	Adverse reaction to RU-486 bleeding		
Patlent received a transfusionSevere Other serious event (specify) 5. Duration of event:Hours	Adverse reaction to RU-486 bleeding D Days ot conglite pro re pegging work auguit den	cocci affe h at flo him.	, admintule of , >loules.

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

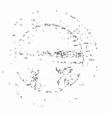
1. Date RU-486 was provided:	01	25	22
	Month	Day	Year
2. Name of medical practice or facil Women's Med Dayton	ity at which RU-486 was provid	ed:	
3. Address of medical practice or fac 1401 E Stroop Rd	cility at which RU-486 was prov	ided:	
Dayton, Ohio 45429	annan (17 472 ann ann an an Ann ann ann an Ann ann an	A.A	# 28300
4. Date post RU-486 complication b	egan: 3/16/22		
5. Event(s) (Please check all that app	ply):	and any other second	ann an 1979 an
	Adverse reaction to RU-485	Patient hospitalize	ed
Patient received a transfusion Se	vere bleeding		
Other serious event (specify)			
6. Duration of event:H	ours Days		
7. Remarks: Underwent afte	uncomplicated r failed m	AB.	99997 - 199 <u>98</u>
8. a. Name of physician who provid	led RU-486 Dr.	Reisinge	r-Kivdle
8. b. Physician's signature	Date		100
Send completed forms to:	State Medical Board of Ohio		an the conception of the factor of the part of the concert of the conservation of the
Legal	Department		
30 E.	Broad St., 3rd Floor		-
Colum	nbus, OH 43215-6127		
			APR 0 6 2022

STATE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided	d:	3	3	2022
		Month	Day	Year
2. Name of medical practice	or facility at which RU-4	86 was provid	ed:	anna da Bandalana a annara an gabanana an an dina di anang an an ang ang ang ang ang ang ang
Women's Med Dayto	n			
	f	20.2	£ 3	an a
 Address of medical practic 1401 E Stroop Rd 	e of facility at which KU-	486 was prov	deo:	
Dayton, Ohio 45429				
4. Date post RU-486 complic	ation began:	**** * ******************************	8	and a second
	4/1/8	a		
5. Event(s) (Please check all t	that apply):			
Incomplete abortion	A Property and the	an to DII ARE	Patient hospitali:	a A Á
	MUVES DE LEALD	01110 10-465	ranent nospiton	eg.
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
a a substanting and an and a substanting and a substanting and a substanting and a substanting and a substantin				
6. Duration of event:	Hours D	avs		
7. Remarks:	Suction	_		
8. a. Name of physician who	provided BU-486	\geq	Romani	S
	0			
8. b. Physician's signature)	ULIZZ	10.0
	Date -			
Send completed forms to:	State Medical B	oard of Ohio		
	Legal Department			
	30 E. Broad St., 3rd Floo	r		
	Columbus, OH 43215-6	5127		APR 0 6 2022
				ATE MEDICAL BOARD OF OH
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(Required pursuant to R.C. 2919.123)

Month h RU-486 was prov	ana ata ang kang ata	Year
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ich RU-486 was pro	avédad	
ich KU-48b was pro		
	JVideQ;	
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3/11/207	2	
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se reaction to RU-486	Patient hospital	ized
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		Weighten Handrach and Angelenne
Days		
nplicated failed N	LAB,	844
s Keith	Reisinger - K	indle
Date 3/11		2400
dical Board of Ohi	0	naminal
nt		
3rd Floor		ADD 0 6 2022
3215-6127		APR 0 6 2022 TE MEDICAL BOARD OF OHIO
	B/11/DCA se reaction to RU-485 g Days Days Days Aeith Aeith 	Days pricated failed MAB. S Keith Reisinger - K M.C Date <u>Bluld</u> edical Board of Ohio nt 3 rd Floor 13215-6127



(Required pursuant to R.C. 2919.123)

APR 1 1 2022

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	2	23	22
	Month	Day	Year
2. Name of medical practice or facility a Planned Parenthood		îded:	
3. Address of medical practice or facility	at which RU-486 was pro	ovided:	
2314 Auburn Aur.	ana, ott	45219	
4. Date post RU-486 complication began $318/22$):		
5. Event(s) (Please check all that apply):			
	_Adverse reaction to RU-486	Patient hospitalize	:d
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
8. a. Name of physician who provided R	U-486	Da Kalas	
8. b. Physician's signature	Malay	M.D.	10.0
	Date 4	15/22	
Send completed forms to: Stat	te Medical Board of Ohio		
Legal Depa			
30 E. Broad	l St., 3 rd Floor		
Columbus.	OH 43215-6127		



(Required pursuant to R.C. 2919.123)

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	2	16	22
	Month	Day	Year
2. Name of medical practice or facility at wire planned Parenthood	hich RU-486 was prov	ided:	
3. Address of medical practice or facility at v	which RU-486 was pro	wided:	
2314 Auburn Aur.	ana, ot	45219	
4. Date post RU-486 complication began: $3/1/22$			
5. Event(s) (Please check all that apply):			
Le Incomplete abortion Adv	verse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe bleed	ding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:		······································	
N.			
8. a. Name of physician who provided RU-4	86	Dr. 1665	
8. b. Physician's signature	Date 4	15/22 MD/	<u>D.O</u>
Send completed forms to: State N			
Legal Departm	Nedical Board of Ohio		
30 E. Broad St.			
Columbus, OH			



(Required pursuant to R.C. 2919.123)

APR 1 1 2022

To be completed by the physician who provided RU-485

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:		1	5	22
		Month	Day	Year
2. Name of medical practice or Planned Paren	1	U-486 was prov	rided:	
3. Address of medical practice	or facility at which	RU-486 was pro	ovided:	
2314 Auburn	Ave. Cir	ia, ott	45219	
4. Date post RU-486 complicati $1/12/22$	on began:			
5. Event(s) (Please check all that	t apply):			
-Yincomplete abortion	Adverse r	eaction to RU-486	Patient hospitalized	3
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:/	_Hours	_ Days		
7. Remarks:				
λ.				
8. a. Name of physician who pro	ovided RU-486		Dn Klog	-
8. b. Physician's signature		Mal	S (MO)	D.O
	Date	-4/5	122	
Send completed forms to:	State Medica	l Board of Ohio		
Le	gal Department			
30	E. Broad St., 3 rd F	loor		
Co	lumbus, OH 4321	5-6127		



(Required pursuant to R.C. 2919.123)

APR 1 1 2022

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided		2	5	22
		Month	Day	Үеаг
2. Name of medical practice of Planned Parer	1	RU-486 was prov	ided:	
3. Address of medical practice	or facility at which	ch RU-486 was pro	vided:	No
2314 Auburn			0	
4. Date post RU-486 complica $2(1)/22$	tion began:			
5. Event(s) (Please check all th	at apply):			
4Incomplete abortion	Adverse	e reaction to RU-486	Patient hospitalize	d
Patient received a transfusion				
Other serious event (specify)				
6. Duration of event:2	Hours	Days		
7. Remarks:	**************************************		and a second	
١.		~	2	
8. a. Name of physician who p	rovided RU-486	D.	- Hussile	
8. b. Physician's signature		-0-	MD ,	<u>D.O.</u>
	Da	ite (/	122	
Send completed forms to:	State Med	ical Board of Ohio		
	egal Department			
3	30 E. Broad St., 3 ^{rc}	Floor		
(Columbus, OH 43	215-6127		



(Required pursuant to R.C. 2919.123)

APR 1 1 2022

To be completed by the physician who provided RU-485

STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	1	(3	22
	Month	Day	Year
2. Name of medical practice or facility at Planned Parenthood		ded:	
3. Address of medical practice or facility a	at which RU-486 was pro	vided:	
2314 Auburn Aur.	ana, ott	45219	
4. Date post RU-486 complication began: $2/21/22$	· · ·		
5. Event(s) (Please check all that apply):			
Cincomplete abortion	Adverse reaction to RU-486	Patient hospitalized	ż
Patient received a transfusionSevere bl	leeding		
Other serious event (specify)			
6. Duration of event: <u>3</u> Hours	Days		
7. Remarks:			
Χ.		200.0	
8. a. Name of physician who provided RL	J-486	Do Pmsh	
8. b. Physician's signature	Date 4	11/22	D.O
Send completed forms to: State	Medical Board of Ohio		
Legal Depar	tment		
30 E. Broad	St., 3 rd Floor		
Columbus, C	DH 43215-6127		

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

STATE MEDICAL BOARD OF OHIO

APR 1 1 2022

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1. Date RU-486 was provided:	February	9th Dav	2022	
2. Name of medical practice or facility at	which RU-486 was provided		Tedi	
Your Choice Her	althcare, LLC		\ 	
3. Address of medical practice or fac	cility at which RU-486 wa	s provided:		
6721 Karl Road	, Columbus (DH 4322	29	
4. Date post RU-486 complication b	egan:	and a second		
4/5/22 5. Event(s) (Please check all that app	abd-			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	l	
Patient received a transfusion Severa	bleeding		•	
X Other serious event (specify) Faile	d			
6. Duration of event: Hours	Days			
7. Remarks: Failed MAG.	, 7 Joules. All	mud for	ent.	
 8. a. Name of physician who provide 8. b. Physician's signature 	ed RU-486 William	n Roddic	(MD (M.D)D.O	
	Date	1-6-22		· · · · · · · · · · · · · · · · · · ·
end completed forms to:	State Medical Bo	ard of Ohio		
	Legal Department			
	30 E. Broad St., 3rd Floor			

Columbus, OH 43215-6127

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	2	24	2022
	Month	Day	Year
2. Name of medical practice or facility a Planned Parenthood of Greater Ohio	The state of the state of the state	led:	
3. Address of medical practice or facility	10 A 15 A 14	ided:	
25350 Rockside Rd. Bedford Heights	Ohio 44146		
4. Date post RU-486 complication began 2/26/2022	:		
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe b	pleeding		
Other serious event (specify)			
6. Duration of event: <u>1</u> Hours	Days		
7. Remarks: MAB procedure was initiate	같은 아이는 것 같은 것은 것을 가지 않는 것을 하는 것을 수가 있다. 말하는 것을 하는 것을 하는 것을 하는 것을 수가 있는 것을 수가 있다. 이 가지 않는 것을 수가 있는 것을 수가 있다. 이 가 있는 것을 수가 있다. 이 것을 것을 것을 수가 있는 것을 수가 있다. 것을 것 같이 않아. 이 것 같이 것 같이 같이 않아. 것 같이 것 같이 같이 것 같이 않아. 이 것 같이 않아. 것 같이 것 같이 같이 같이 않아. 이 같이 것 같이 않아. 것 같이 같이 않아. 것 같이 않아. 것 같이 않아. 것 같이 않아. 것 같이 것 같이 같이 않아. 것 같이 않아. 않아. 않아. 것 같이 않아.		
bleeding/pelvic pain. US on 3/1/2022 rev	ealed incomplete AB. Surg	lical aspiration was	s penormed on 3/1/2022
bleeding/pelvic pain. US on 3/1/2022 rev pt. did well post op. 8. a. Name of physician who provided RL		lical aspiration was	
bleeding/pelvic pain. US on 3/1/2022 reve pt. did well post op.		M.D.,	
bleeding/pelvic pain. US on 3/1/2022 reve pt. did well post op. 3. a. Name of physician who provided RU 3. b. Physician's signature	U-486 Dr. Vickery		
bleeding/pelvic pain. US on 3/1/2022 reve pt. did well post op. 3. a. Name of physician who provided RU 3. b. Physician's signature	U-486 Dr. Vickery Date 4 22 Pate 4 22 Pate		
bleeding/pelvic pain. US on 3/1/2022 reve pt. did well post op. 3. a. Name of physician who provided RU 3. b. Physician's signature Gend completed forms to:State Legal Depar	U-486 Dr. Vickery Date 4 22 Pate 4 22 Pate		

(Required pursuant to R.C. 2919.123)

	1	3	19	22
		Month	Day	Year
2. Name of medical practice o Planned Parenthood of		86 was provi	ded:	
3. Address of medical practice 25350 Rockside Rd. Bedford			vided:	
4. Date post RU-486 complicati 3/22/22	a state of the second sec			
5. Event(s) (Please check all that	at apply):			
✓ Incomplete abortion	Adverse reacti	on to RU-486	Patient hospitalize	ed
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event: <u>1</u>	Hours Da	ays		
A STATE OF A STATE OF A STATE	장님은 영상에 가지 않는 것이라. 것이 많이	1. The second		
no bleeding/cramping. US reve				
 Remarks: MAB procedure of no bleeding/cramping. US reverse per FDA regimen, per patient's a. Name of physician who procedure of the physic physic physic physican who physic physican who physic physican who physic physic physican who physic physican who physic physic physican who physic physic physic physic physican who physic physic physican who physic physican who physic physican who physic physican who physican who physican who physican who physic physican who physi	request.	Dr. Vickery	/	
no bleeding/cramping. US reve per FDA regimen, per patient's 3. a. Name of physician who pro	request.		B/ MD/	
no bleeding/cramping. US reve per FDA regimen, per patient's 3. a. Name of physician who pro 3. b. Physician's signature	ovided RU-486	Dr. Vickery	2/	
no bleeding/cramping. US reve per FDA regimen, per patient's 3. a. Name of physician who pro 3. b. Physician's signature end completed forms to:	ovided RU-486	Dr. Vickery	2/	
no bleeding/cramping. US reve per FDA regimen, per patient's 3. a. Name of physician who pro 3. b. Physician's signature 5. end completed forms to: Le	ovided RU-486 Date	Dr. Vickery	2/	

(Required pursuant to ORC 2919.123) To be completed by the physician who provided BL-4

o be completed by the physician who provided R	U-486
--	-------

1. Date RU-486 was provided:	3	1	7007	
3/8/22	Month	Day		
2. Name of medical practice or facility	at which RU-486 was provid	led:		
Planned Parenthood Of (Greater Ohio			
3. Address of medical practice or fa	cility at which RU-486 v	vas provided:		
3255 E Main St, Columbu				
4. Date post RU-486 complication I	began:		Maray Calance & Spanson and a first of the state of the	
E Event(a) (Discossible in the internet				
5. Event(s) (Please check all that ap	ply):			
Incomplete abortion	_Adverse reaction to RU-486	Patient hospitalize	d	
Detterst sector to the sector	•			
Patient received a transfusion Sever	bleeding			
Other serious event (specify)				
6. Duration of event: Hours	Davs			
7. Remarks: MAB Procedure	- initiatedi	er FDA h	lg.mon on 311/22	
patient called emerge	oncy RN line	3/7122 Rip	ortine here bleede	NOTE
Patient Called emerge cramping. US revelled	continuing Ph	egnancy	Surgical aspiration	
8. a. Name of physician who provid	ed RU-486 Dri P	ivlini		
	Airin	· · · · · · · · · · · · · · · · · · ·	·2	- 31
8. b. Physician's signature	<u>AUI 11.</u>	\ 	$- M.D/D.O_{(1)}$	
	Date 3 8/2	2		-
end completed forms to:				
	State Medical B	oard of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Floor	,		

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	1	25	2022
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provid	led:	
Planned Parenthood of Greater Oh	nio		
		·	
3. Address of medical practice or facility a	at which RU-486 was prov	laea:	
25350 Rockside Rd. Bedford Hts., Oh	44146		
4. Date post RU-486 complication began:			
1/31/2022			
5. Event(s) (Please check all that apply):			
Incomplete abortion /	Adverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe bl	eeding		
X_Other serious event (specify) Intrauterine	Debris		
6. Duration of event: <u>1</u> Hours _	Days		
7. Remarks: MAB procedure was initia	ated per FDA regimen o	n 1/25/22. Pt. ca	alled on 1/31/22 c/o
pelvic pain and bleeding. US on 2/1/22	2 revealed intrauterine o	lebris. Surgical a	aspiration was
performed on 2/3/22; pt. did well post	op.		
8. a. Name of physician who provided, RU	-486 Dr. Brant		· · · · · · · · · · · · · · · · · · ·
8. b. Physician's signature	but	MD	
	Date _2-15-6	22	
Send completed forms to: State	Medical Board of Ohio		
Legal Depart	ment		
30 E. Broad S	St., 3 rd Floor		

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	1	8	2022
	Month	Day	Year
2. Name of medical practice or facil	ity at which RU-486 was provi	ded:	
Planned Parenthood of Greater	Ohio		
3. Address of medical practice or fac	ility at which RU-486 was prov	vided:	
25350 Rockside Rd. Bedford I	Hts. Ohio 44146		
4. Date post RU-486 complication be	egan:		
2/7/2022			
5. Event(s) (Please check all that app	ly):		
X Incomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusionSev	rere bleeding		
Other serious event (specify)			
6. Duration of event: <u>1</u> Ho	urs Days		
7. Remarks: MAB procedure was ini Ultrasound on 2/10/22 revealed cont Pt. did well post op.			
8. a. Name of physician who provided	d RU-486 Dr. Wilcox		
8. b. Physician's signature	meril	(MD)	<u>/ D.O</u>
	Date2/1*	1/22	
Send completed forms to:	State Medical Board of Ohio		
Legal De	epartment		
30 E. Br	oad St., 3 rd Floor		
Columb	us, OH 43215-6127		



State Medical Board of Ohio APR 2 5 2022 Report of RU-486 Event STATE MEDICAL BOARD OF OHIO

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	14	Ø	22
	Month	Day	Year
 Name of medical practice or facility Women's Med Dayton 	at which RU-486 was provi	ded:	
3. Address of medical practice or facility 1401 E Stroop Rd	y at which RU-486 was pro-	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began	n: 4/4/22		
5. Event(s) (Please check all that apply):	Adverse reaction to RU-485	Patient hospitalize	2ġ
6. Duration of event: Hours	Days	4	
			· · · · · · · · · · · · · · · · · · ·
7. Remarks: Un complicated NO evidence of	d Dt C ad ongoing I	iter rete	us.
7. Remarks: Un complicated NO evidence of 3. a. Name of physician who provided R 3. b. Physician's signature	RU-486 Dr. Re	iter rete tup on i isinger-k malaz	
3. a. Name of physician who provided R 3. b. Physician's signature	RU-486 Dr. Re	isinger-K	
3. a. Name of physician who provided R 3. b. Physician's signature	BU-486 Dr. Re Date 4/15 Date 4/15	isinger-K	
3. a. Name of physician who provided R 3. b. Physician's signature end completed forms to: Stat Legal Depa	BU-486 Dr. Re Date 4/15 Date 4/15	isinger-K	



State Medical Board of Ohio Report of RU-486 Event STATE MEDICAL BOARD OF OHIO

APR 2 5 2022

(Required pursuant to R.C. 2919.123)

	3	22	22
And the second se	Month	Day	Year
 Name of medical practice or faci Women's Med Dayton 	ility at which RU-486 was pr	ovided:	
3. Address of medical practice or fac 1401 E Stroop Rd	cility at which RU-486 was ;	provided:	
Dayton, Ohio 45429			#29290
4. Date post RU-486 complication be $4/5/3$	egan:		
5. Event(s) (Please check all that app	ply):		2
Incomplete abortion	Advarca		
	Adverse reaction to RU-48	bPatient hospitalize	ed
Patient received a transfusionSet	vere bleeding		
Other serious event (specify)			
Other serious event (specify)			
	ours Davs		
6. Duration of event:Ho	ours Days		
	ours Days		
6. Duration of event:Ho		<u> </u>	
6. Duration of event:Ho	ours Days	<u>с</u> ,	
6. Duration of event: Ho 7. Remarks:	Such		
6. Duration of event:Ho 7. Remarks: 8. a. Name of physician who provide	Such		<u>CO</u>
6. Duration of event: Ho 7. Remarks:	Such		<u>200</u>
6. Duration of event: Ho 7. Remarks: 8. a. Name of physician who provide	Such		
6. Duration of event: Ho 7. Remarks: 9. a. Name of physician who provide 9. b. Physician's signature	ed RU-486 Cothe	4/7/22	
6. Duration of event: Ho 7. Remarks: 9. a. Name of physician who provide 9. b. Physician's signature end completed forms to:	ed RU-486 Cothe Date	4/7/22	
6. Duration of event: Ho 7. Remarks: 8. a. Name of physician who provide 8. b. Physician's signature end completed forms to: Legal D	Date	4/7/22	



State Medical Board of Ohio Report of RU-486 Event APR 2 5 2022 STATE MEDICAL BOARD OF OHIO

(Required pursuant to R.C. 2919.123)

Month RU-486 was provid	2-8 Day ed:	Year
n RU-486 was provid	ed:	
and the second se		# 29352
ch RU-486 was prov	ded:	
410	122	
100 g (44) / 4		
reaction to RU-486	Patient hospitalized	
Days		
ted Da	С,	
MAIN.	\sim	
e 07/04	(202)	Δ
al Board of Onio		
	-	
	Le reaction to RU-485 Days	ch RU-486 was provided: <u>414122</u> e reaction to RU-485Patient hospitalized



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	3	4	22
	Month	Day	Year
2. Name of medical practice or facility Planned Parentheod	1	vided:	
3. Address of medical practice or facility	y at which RU-486 was pr	ovided:	
2314 Auburn Au	. Cinci, ott	45219	
4. Date post RU-486 complication began $3 9 22$	n:		
5. Event(s) (Please check all that apply):	:		
	Adverse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Severe	bleeding		
Other serious event (specify)		<u></u>	
6. Duration of event: Hours	s Days		
7. Remarks:	4		
X			
8. a. Name of physician who provided F	RU-486	Di Nepo	li
8. b. Physician's signature	ANY "		_/DO
	Date	418/22	
Send completed forms to: Sta	te Medical Board of Ohic	,	
Legal Depa	artment		
30 E. Broa	d St., 3 rd Floor		
Columbus,	, OH 43215-6127		APR 2 9 2022
		ST	ATE MEDICAL BOARD OF OH



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	2	5	22
	Month	Day	Year
2. Name of medical practice or facility Planned Parenthood	A	ded:	
3. Address of medical practice or facilit	y at which RU-486 was pro	vided:	
2314 Auburn Au	. Cina, ott	45219	
4. Date post RU-486 complication bega $2 \left(\frac{16}{22} \right)$	n:		
5. Event(s) (Please check all that apply)	:		
Lincomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion Severe	e bleeding		
Other serious event (specify)			
6. Duration of event: Hours	s Days		
7. Remarks:	An (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
8. a. Name of physician who provided I	RU-486	Parson	
8. b. Physician's signature	A	M.D.	/ D.O
Send completed forms to: Sta	ate Medical Board of Ohio		
Legal Dep	artment		
	d St., 3 rd Floor		
Columbus	, OH 43215-6127		APR 2 9 2022
		ST	ATE MEDICAL BUL



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		1	14	22
		Month	Day	Year
2. Name of medical practice o Planned Paren	^	J-486 was prov	rided:	
3. Address of medical practice	or facility at which I	RU-486 was pro	ovided:	
2314 Auburn	Aue. an	ci, ott	45219	
4. Date post RU-486 complicat				
5. Event(s) (Please check all that	t apply):			
ncomplete abortion	Adverse re	action to RU-486	Patient hospita	lized
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:	andress			
Λ.				
8. a. Name of physician who pr	ovided RU-486		Dr. Pin.	sal
8. b. Physician's signature		1	- MI	200
	Date		9/1/22	
Send completed forms to:	State Medical	Board of Ohio		
Le	gal Department			
30	E. Broad St., 3 rd Flo	oor		100 0 c 0000
Co	olumbus, OH 43215	5-6127		APR 2 9 2022
			STA	ATE MEDICAL BOARD OF OHI



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:		4	1	22
		Month	Day	Year
2. Name of medical practice o Planned Paren	1	RU-486 was prov	vided:	
3. Address of medical practice	or facility at which	RU-486 was pr	ovided:	
2314 Auburn	Ave. Cir	na, ott	45219	
4. Date post RU-486 complicat 4/ 12 /2 2	ion began:			
5. Event(s) (Please check all th	at apply):			
	Adverse r	reaction to RU-486	Patient hospitalized	
Patient received a transfusion	Severe bleeding			
Other serious event (specify)		· · · · · · · · · · · · · · · · · · ·		
6. Duration of event:3	Hours	_ Days		
7. Remarks:				
N.				
8. a. Name of physician who pr	ovided RU-486		De Porod	
8. b. Physician's signature		51	in Mo 10	0
	Date			
Send completed forms to:		al Board of Ohio		
	egal Department 0 E. Broad St., 3 rd F	loor		
	olumbus, OH 4321			MAY 1 6 2022
				MAT TO 2022

STATE MEDICAL BOARD OF OHIC



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Ľ4	19	22
	Month	Day	Year
2. Name of medical practice or facility Planned Parenthood	1	ided:	
3. Address of medical practice or facilit	ty at which RU-486 was pro	wided:	
2314 Auburn Au	. ana, off	45219	
5. Event(s) (Please check all that apply):		
	Adverse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Sever	e bleeding		
Other serious event (specify)			
6. Duration of event: Hour	s Days		
7. Remarks:			
X.			
8. a. Name of physician who provided	RU-486 A.	Kelsy	
8. b. Physician's signature	Mal	5 (M.D.J	20
	Date	5/17/22	
Send completed forms to: St	ate Medical Board of Ohio		· · · · · · · · · · · · · · · · · · ·
Legal Dep	partment		
30 E. Broa	ad St., 3 rd Floor		1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Columbus	s, OH 43215-6127		MAY 3 1 2022
		STAT	E MEDICAL BOARD OF OH



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	November 27 2021
	Month Day Year
2. Name of medical practice or facili	ty at which RU-486 was provided: Preterm
3. Address of medical practice or faci	12000 Stocker Wetter
	Cleveland, OH 44120
4. Date post RU-486 complication be	gan: 12/14/2021
5. Event(s) (Please check all that appl	y):
K Incomplete abortion	Adverse reaction to RU-486 Patient hospitalized
Patient received a transfusion Seve	ere bleeding
Other serious event (specify)	
6. Duration of event: <u> </u>	irs Days
7. Remarks:	
3. a. Name of physician who provided	
8. b. Physician's signature	MIC (MD./D.O
	Date 52522
· · · · · · · · · · · · · · · · · · ·	State Medical Board of Ohio
	epartment
	oad St., 3 rd Floor
Columbi	us, OH 43215-6127



(Required pursuant to R.C. 2919.123)

JUN 0 2 2022 STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	December	11	2021
2. Name of medical practice or fac	Month cility at which RU-486 was provided:	Prete	Year
3. Address of medical practice or fa	acility at which RU-486 was provided:	1200 Cleve	O Shaker Blue Lond, OH 4412
4. Date post RU-486 complication b	began: 1/22/2022		
Incomplete abortion Patient received a transfusion Se Other serious event (specify) Incomplete abortion			
6. Duration of event: <u> 4 </u>	ours Days		
8. a. Name of physician who provide 8. b. Physician's signature	ed RU-485 Mitchell MP Date 5/25/22	Reide	
30 E. E	State Medical Board of Ohio Department Broad St., 3 rd Floor Ibus, OH 43215-6127		



(Required pursuant to R.C. 2919.123)

JUN D 2 2022 STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	Decent	ber 23	2021
	Month	Day	Year
2. Name of medical practice or facility	at which RU-486 was prov	ided: Pret	em
3. Address of medical practice or facilit	y at which RU-486 was pro		
		Clovela	nd, 0H 44120
4. Date post RU-486 complication bega	n: 2126/2022		
5. Event(s) (Please check all that apply)			
X Incomplete abortion	_ Adverse reaction to RU-486	Patient hospita	lized
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
6. Duration of event: <u> </u>	Days		
-			
7. Remarks:			
3. a. Name of physician who provided R	1485 _ Mitch	hell Rei	der, mp
3. b. Physician's signature	MC	МГ	D. / D.O
	Date 525/22		
end completed forms to: Sta	te Medical Board of Ohio		
Legal Depa	artment		
30 E. Broad	d St., 3 rd Floor		
Columbus,	OH 43215-6127		

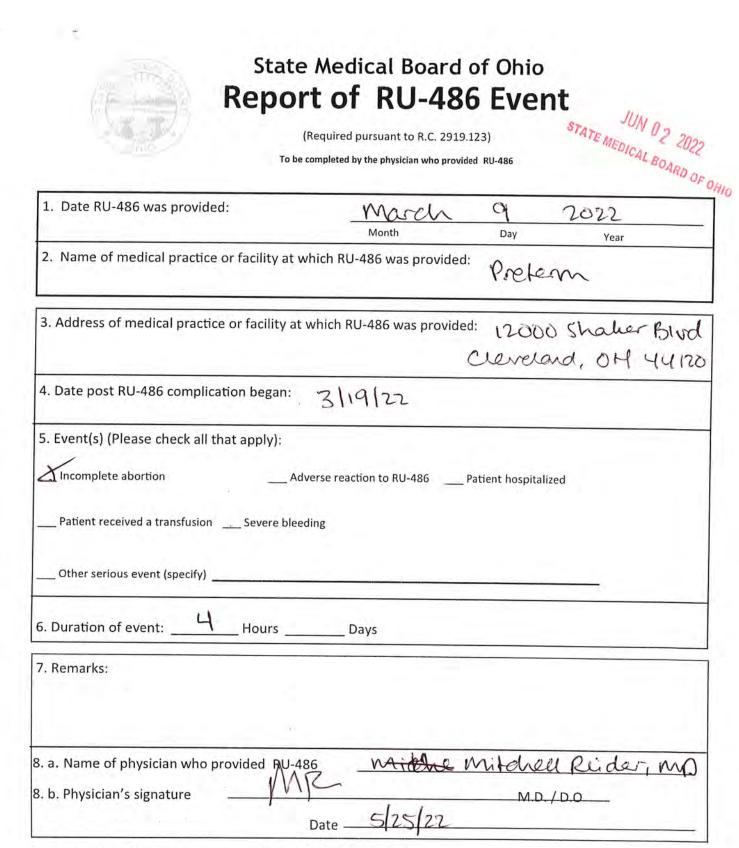
	tate Medical Board o port of RU-486 (Required pursuant to R.C. 2919.12 To be completed by the physician who provided	23) RU-486	MEDICAL	E 2022 BOARD OF C
1. Date RU-486 was provided:	January Month	Ц Day	2022 Year	
2. Name of medical practice or facil	ity at which RU-486 was provided:	Pret	em	
3. Address of medical practice or fac	ility at which RU-486 was provided:	1200 Clev	OShaher- Cland, OH	BN101 44120
4. Date post RU-486 complication be	egan: 2/12/2022 2/15	2022		
5. Event(s) (Please check all that app XIncomplete abortion Patient received a transfusion Seve	Adverse reaction to RU-486 Pa	tient hospita	lized	
<pre> X Incomplete abortion Patient received a transfusion Seve Other serious event (specify) </pre>	Adverse reaction to RU-486 Pa	tient hospita	lized	
XIncomplete abortion Patient received a transfusion Seve Other serious event (specify) 6. Duration of event: Hou	Adverse reaction to RU-486 Pa	tient hospita	lized	
Incomplete abortion Patient received a transfusion Seven	Adverse reaction to RU-486 Pai ere bleeding urs Days		E, MD	

	(Required pursuant to R.C. 2919.123) To be completed by the physician who provided RU-486
1. Date RU-486 was provided:	January 5 2022 Month Day Year
2. Name of medical practice or facil	ity at which RU-486 was provided: Preferm
3. Address of medical practice or fac	ility at which RU-486 was provided: 12000 Shaher Bivd Cleveland, OH 44120
4. Date post RU-486 complication be	gan: 114/22
Patient received a transfusion Seve	ere bleeding
Other serious event (specify) 6. Duration of event: Hou	urs Days
6. Duration of event: Hou	urs Days
21	
6. Duration of event: <u>4</u> Hou 7. Remarks:	



State Medical Board of Unit Report of RU-486 Event STATE MEDICAL BOARD OF CHIO Pressived pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	March	5	2022
	Month	Day	Year
2. Name of medical practice or facility	at which RU-486 was provided:	Pret	em
3. Address of medical practice or facility) Shaker Bivo
		clevele	md, 074 441
4. Date post RU-486 complication bega	1: 3/18/22		
5. Event(s) (Please check all that apply):			
Kincomplete abortion	_ Adverse reaction to RU-486 P	atient hospital	ized
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
3. a. Name of physician who provided, R	U-485 Mitchel	Reid	er MMO
3. b. Physician's signature	MC		1/ D.O
	Date 52522	(M.U)	
Send completed forms to: Stat	e Medical Board of Ohio		
Legal Depa	rtment		
30 E. Broad	l St., 3 rd Floor		
Columbus,	OH 43215-6127		



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 Onix Report of RU-486 Event VIN 02 2022 VRequired pursuant to R.C. 2919.123) VRequired pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	March	9 2022 Day year	
2. Name of medical practice or facility		1 1201	
3. Address of medical practice or facility		ind so brailes	
4. Date post RU-486 complication bega		Cleveland, OH	44120
Incomplete abortion Patient received a transfusion Severe Other serious event (specify)	_ Adverse reaction to RU-486 bleeding	Patient hospitalized	
6. Duration of event: <u>4</u> Hours	Days		
7. Remarks:			
3. a. Name of physician who provided R 3. b. Physician's signature	U-486 Mitchel AR Date 5/25/22	1 Reider, MP M.D./D.O	
Legal Depa 30 E. Broac	te Medical Board of Ohio		

Constant of	(Required pursuant to R.C. 2919.123) To be completed by the physician who provided RU-486
1. Date RU-486 was provided:	March 23 2022 Month Day Year
2. Name of medical practice or faci	ility at which RU-486 was provided:
3. Address of medical practice or fa	cility at which RU-486 was provided: 12000 Shaher BWO Cleveland, OH 4412
4. Date post RU-486 complication b	egan: 5 4 22
Lincomplete abortion	Adverse reaction to RU-486 Patient hospitalized
 Patient received a transfusion Se Other serious event (specify) 	vere bleeding
 Patient received a transfusion Se Other serious event (specify) 	
ی Patient received a transfusion Se Other serious event (specify) . Duration of event:ــــــــــــــــــــــــــــــــــ	ours Days



State Medical Board of Onic Report of RU-486 Event JUN 02 2022 STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	March	26	2022
	Month	Day	Year
2. Name of medical practice or facility	v at which RU-486 was provide	ed: Pre	tem
3. Address of medical practice or facili	ty at which RU-486 was provi	1000	O Shaleer Blvo
		Cleve	and, off 44120
4. Date post RU-486 complication bega	an: 4/15/22		
5. Event(s) (Please check all that apply)):		
Lincomplete abortion			
CD_ incomplete aportion _	Adverse reaction to RU-486	Patient hospita	lized
Patient received a transfusion Severe	ebleeding		
Other serious event (specify)			
6. Duration of event: Hours	5 Days		
7. Remarks:			
	×		
3. a. Name of physician who provided f	RU-486Mitch	2ll Reia	der, MD
3. b. Physician's signature	NIC	MB	/D.O
	Date 525 22		
end completed forms to: Sta	ate Medical Board of Ohio	1	
Legal Depa	artment		
30 E. Broa	d St., 3 rd Floor		
Columbus	. OH 43215-6127		



(Required pursuant to R.C. 2919.123)

JUN 0 2 2022 STATE MEDICAL BOARD OF OHIO

To be completed b	y the	physician	who	provided	RU-486

1. Date RU-486 was provided: 2022 Mai 11 Day Year 2. Name of medical practice or facility at which RU-486 was provided: Pretern 3. Address of medical practice or facility at which RU-486 was provided: 12000 Shakes BIND creveland, OH 44120 4. Date post RU-486 complication began: 5/14/2022 5. Event(s) (Please check all that apply): ZIncomplete abortion Adverse reaction to RU-486 ____ Patient hospitalized Patient received a transfusion ____ Severe bleeding Other serious event (specify) 6. Duration of event: __ Hours _____ Days 7. Remarks: 8. a. Name of physician who provided RU-486 mitchell Reider 8. b. Physician's signature Date Send completed forms to: State Medical Board of Ohio Legal Department 30 E. Broad St., 3rd Floor Columbus, OH 43215-6127

(Required pursuant to ORC 2919.123) To be completed by the physician who provided RU-486 JUN 2 3 2022

1 Data DI LADE was servided		27	STATE MEDICAL	BOARD OF OHIC
1. Date RU-486 was provided:	Manth	Day	Vo 22 Year	
2. Name of medical practice or facil	the second se	1	ALL	NAME AND ADDRESS OF A DECEMBER OF A
Your Choice Ke	Intrano ULC			
your Unoice Ne	al prove		the second s	-
	- faatlike at uchich Di (AS	C une provided:	and the second	Construction of the second
3. Address of medical practice of	or raciity at which KO-44	so was provided.	10.02	
6721 Karl V	board, Columba	4 04 4	5229.	
4. Date post RU-486 complication	on began: 6-14-2	2		(177 ⁻ 1782
5. Event(s) (Please check all that	t apply):	**	r.	
1 Incomplete abortion	Adverse reaction to RU-4	6 Patient höspitalik	ed	
			æ	
Patient received a transfusion5	evere bleeding			
a				
Other serious event (specify)				
6. Duration of event:Ho				
6. Duration of event, no		and the second se		
7. Remarks:	and a state of the second s		and the patron of the	
8. a. Name of physician who pr	ovided RU-486	unan Noli	ome ws	
			<u> </u>	
8. b. Physician's signature		6.17.1	M.D/D.O	
	Date	0.141		
Send completed forms to:	State Med	ical Board of Ohio		
	Legal Department			
	30 E. Broad St., 3rd	Floor		
			Sr. Min	
	Columbus, OH 43	C73-075/	STATE MEDICAL BOARD	20
			CAL BOAR	2
		100	TRD (OF OHIO
				10



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		5	31	222
		Month	Day	Year
2. Name of medical practice or	facility at which I	RU-486 was prov	vided:	
Women's Med Dayton				The support of the second s
3. Address of medical practice o 1401 E Stroop Rd	r facility at which	n RU-486 was pro	ovided:	A Management of Parallel Control of Control
Dayton, Ohio 45429				
4. Date post RU-486 complicatio	on began: $C_0/17/$	2023		
5. Event(s) (Please check all that	t apply):	Pailo	I med	reation
Incomplete abortion	Adverse	reaction to RU-485		1. I.
				aborth ~
Patient received a transfusion	Severe bleeding		(
Other serious event (specify)	nnis 14 yaya ya muunuu	· · · · · · · · · · · · · · · · · · ·		
	nalar		et al and a second s	тутива подавать з артоникана.
6. Duration of event:	Hours	Days		
		-) _ /		
7. Remarks:	MILLE	nted	DAC	-
Wwiter				
8. a. Name of physician who pr	ovided RU,486	Jeanr	ne Carwi	A
8. b. Physician's signature	(* (*	on		MDDD
a. a. i nyaiciana agnatare		06	(20)20	2.2
resolutions the second	Da	te	le fai	11
Send completed forms to:		cal Board of Ohio	0	
	egal Department			
	D E. Broad St., 3'd			JUN 2 9 2022
C	olumbus, OH 43.	215-6127		STATE MEDICAL DODATION



(Required pursuant to R.C. 2919.123)

 Date RU-486 was provide 	d:	OS	23	22
		Month	Day	Year
 Name of medical practice Women's Med Dayto 		RU-486 was provi	ded:	
3. Address of medical practi 1401 E Stroop Rd	ce or facility at which	RU-486 was prov	vided:	
Dayton, Ohio 45429				
4. Date post RU-486 complie	ation began:			
5. Event(s) (Please check all	that apply):	Stations, and		
Incomplete abortion			Dasfard brands P	
C incomplete abortion	Aove/se i	reaction to KU-485	Patient hospitalia	.eo
Patient received a transfusion	n Severe bleeding			
Other serious event (specify)				
the second se				
the second se		Days		
6. Duration of event:	Hours			
6. Duration of event:	Hours) after	MAB.
the second se	Hours) after	MAB.
6. Duration of event:	Hours) after	MAB.
6. Duration of event:	Hours _ Cardiace	e actint omplicates.		
6. Duration of event: 7. Remarks: JOP U O+ C PC 8. a. Name of physician who	Hours _ Cardiace	e actint omplicates.	Reising	er-Kindil
6. Duration of event: 7. Remarks: JUP U O+ C PC	Hours Sith Cardiac cformed - Unce provided RU-485	Keith	Reising	
6. Duration of event: 7. Remarks: JOP U O+ C PC 8. a. Name of physician who	Hours _ Cardiace	Keith	Reising	er-Kindil
6. Duration of event: 7. Remarks: JOP U O+ C PC 8. a. Name of physician who	Hours with cardiac formed - Unice provided RU-485 Dat	Keith	Reising	er-Kindil
6. Duration of event: 7. Remarks: JUP U Of C PC 8. a. Name of physician who 8. b. Physician's signature	Hours Hours Sith Cardiace of provided RU-485 Date State Medie Legal Department	Keith Keith Le <u>Col Bl</u> cal Board of Ohio	Reising	er-Kindil
6. Duration of event: 7. Remarks: JUP U Of C PC 8. a. Name of physician who 8. b. Physician's signature	Hours Hours Sith Cardiac Formed - Unice Deprovided RU-485 Dat Dat	Keith Keith Col Bl cal Board of Ohio Floor	Reising	er-Kindil



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	5	5	2022
	Month	Day	Year
 Name of medical practice or facility a Women's Med Dayton 	at which RU-486 was provi	ded:	
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-486 was prov	vided:	yr yr yr yr yn
Dayton, Ohio 45429			terrorite to an and the second
4. Date post RU-486 complication bega	512/22		
5. Event(s) (Please check all that apply) Incomplete abortion Patient received a transfusion	_ Adverse reaction to RU-485	Patient hospital	ized
Other serious event (specify) 6. Duration of event: (Hour			
7. Remarks:	ncampli retec	d such	ica
8. a. Name of physician who provided 8. b. Physician's signature	RU-486		5/12/20
Legal Dep 30 E. Bro	tate Medical Board of Ohio partment ad St., 3 rd Floor is, OH 43215-6127		JUN 2 9 2022



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	4	18	22
	Month	Day	Year
2. Name of medical practice or facility	y at which RU-486 was provi	ded:	
Women's Med Dayton			
3. Address of medical practice or facili 1401 E Stroop Rd	ity at which RU-486 was pro	vided:	
Dayton, Ohio 45429			# 29625
4. Date post RU-486 complication beg	ian: 4 22 2	2	
5. Event(s) (Please check all that apply	y):		
		and a second	
V incomplete abortion	Adverse reaction to RU-485	Patient hospitalize	d
A state of the sta	a blacks		
Patient received a transfusion Seve	ire oleeoing		
Other serious event (specify)			
engine and the second se			
6. Duration of event: Hou	urs Days		
7. Remarks:	. 0	1	
In normalice	at ch NEC	_	
verter p.			
8. a. Name of physician who provided	1 RU-486 Dr.	Jeanne	Convin
	co) MD	100
8. b. Physician's signature	- Co	1 21	680
	Date	e10-11	<u>+</u>
Send completed forms to:	State Medical Board of Ohio	1	
Legal D	epartment		11 (1) 3 15 2022
30 E. Br	road St., 3 rd Floor		. JUN 29 2022
Columb	ous, OH 43215-6127	STAT	E MEDICAL DOARD OF



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	4	8	222
	Month	Day	Year
2. Name of medical practice or facility at v	which RU-486 was prov	vided:	
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	t which RU-486 was pr	ovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	4/14/205	66	# 15435
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospita	lized
	ave se reaction to no-des	ratient neapita	1260
Patient received a transfusion Severe ble	eeding		
Other serious event (specify)		and the second se	
	1		
6. Duration of event: Hours _	Days		
7. 0	474		**************************************
7. Remarks:			
8. a. Name of physician who provided RU	1-485 Cather	the Ranc	INCES
8. b. Physician's signature	(CM.	0,00
	Date	4/14	122
Send completed forms to: State	Medical Board of Ohi	0	
Legal Depart			0000
	St., 3 rd Floor		JUN 2.9 2022



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	4	27	2)
	Month	Day Day	Year
2. Name of medical practice or facility at	which RU-486 was prov	vided:	ann a fa ann an Anna Anna A
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	t which RU-486 was pro	ovided:	
Dayton, Ohio 45429		and a state of the st	an a su a
4. Date post RU-486 complication began:	2/22		
5. Event(s) (Please check all that apply):			
Incomplete abortion A	Adverse reaction to RU-486	Patient hospitali	zeć
Patient received a transfusion Severe bi	eeding	iled m	edication
Other serious event (specify)	0	0600	tai
6. Duration of event: Hours _	Days		
7. Remarks: Referred	out ob	State -	for care
8. a. Name of physician who provided RL 8. b. Physician's signature	Date 62		MD 2/00
Send completed forms to: State	e Medical Board of Ohi	0	
Legal Depar	tment		
30 E. Broad	St., 3 rd 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-485

1. Date RU-486 was provided:		2	6	22
	Mont	th	Day	Year
2. Name of medical practice or facility at	which RU-486 w	vas provided:		
Women's Med Dayton			·····	
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-486	was provided:	9- <u>2-4-</u> 8-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	ny ana amin'ny sorana amin'ny sorana amin'ny sorana dia amin'ny sorana amin'ny sorana amin'ny sorana amin'ny s
Dayton, Ohio 45429				
4. Date post RU-486 complication began	61281	<i>(</i> 23		
5. Event(s) (Please check all that apply):				an marana a sa
Incomplete abortion	Adverse reaction to	o RU-485 Pat	fent hospitalized	I
Patient received a transfusion Severe l	pleeding	faile	L	abortion
Other serious event (specify)			- Verio -	
6. Duration of event: Hours	Days		Automotive and a second se	
7. Remarks: Rifer	rete a	tofs	tatt	40
Cernp	ere a	bolti		
8. a. Name of physician who provided R	U-486 JE	canne Ca	rwin	
8. b. Physician's signature	and a state of the		, MD./	0.0
	Date	6/28_	2029	
Send completed forms to: Sta	te Medical Board	l of Ohio		¥
Legal Depa	rtment			
30 E. Broa	i St., 3 rd Floor			

Columbus, OH 43215-6127



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	C	6	27
	Month	Day	Year
2. Name of medical practice or facility a	at which RU-486 was pri	ovided:	an a
Women's Med Dayton			
	·		
3. Address of medical practice or facility 1401 E Stroop Rd	at which RU-48 i was p	rovided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began			
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-48	6 Patient hospitaliz	eć
Patient received a transfusionSevere	bleeding faul	ed abort	han
Other serious event (specify)	<u></u>		
ne zakon da kan kan kan kan kan kan kan kan kan ka			ана _{на при} нанана и и и и и и и и и и и и и и и и и
6. Duration of event: Hours	s Days	18.2011	www.execution.com/article/article/article/article/article/article/article/article/article/article/article/artic
7. Remarks: Referred	ait of s upletion of	state f B termi	"or nation
8. a. Name of physician who provided	RU-485 Jeanse	Conwin	
8. b. Physician's signature	(0)	- (MD	200
	Date	28/2022	
Send completed forms to: Sta	ate Medical Board of Or	nio	A
Legal Dep	artment		
30 E. Broa	ad St., 3rd Floor	×	-
	s, OH 43215-6127		



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Co	10	22
	Month	Day	Year
2. Name of medical practice or facility at v	hich RU-486 was provided:	and a second	an an ann an Ann an Ann ann an Bailt an Ann an Ann Ann Ann Ann an Ann
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was provided	1 1	
Dayton, Ohio 45429			
4. Date post RU-486 complication began:	3	an a	e
5. Event(s) (Please check all that apply):		WINNING BARANCE CONTRACTOR	n an
I Incomplete abortionA	dverse reaction to RU-485 P	atient hospitalize	ed
Patient received a transfusion Severe ble	eding		
Other serious event (specify)	an a su a	un and a state of the state of	e Nederlandssenten and a statement
6. Duration of event: Hours	Days		
7. Remarks:		P - C - Martin Control - C - C - C - C - C - C - C - C - C -	
8. a. Name of physician who provided RU-	485 Conherine P	CENCO;	MD
8. b. Physician's signature	C	> MD	10.0
	Date 7/6/2	20	
Send completed forms to: State	Medical Board of Ohio		1999 - Carlinson - Car
Legal Depart	ment		
30 E. Broad S	t., 3 rd Floor		•
Columbus, O	H 43215-6127		



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	5	G	29
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was prov	ided:	an an ann an Airth an Airth ann ann an Airth an an an Airth an Airth an Airth an Airth an Airth an Airth an Air
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	at which RU-486 was pro	wided:	
Dayton, Ohio 45429		Real Real Augusta in the second se	
4. Date post RU-486 complication began:	>		
5. Event(s) (Please check all that apply):	an a	an ann an ann ann ann ann an ann an ann an a	an a
1			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitali	Zêć
Patient received a transfusion Severe b	bleeding		
Other serious event (specify)	n y y wag y na hanna a bha an tha		
6. Duration of event: Hours	Days		
7. Remarks: Faited Med	ication abort	10-	and the second
incomplife			
Incompare			
	<u> </u>	2	<i>.</i>
8. a. Name of physician who provided R	U-486 Cather	ine hance	os Mb
8. b. Physician's signature		- No	100
	Date	7022	1998-1998-1999-1997-1997-1997-1997-1997-
Send completed forms to: Stat	te Medical Board of Ohio)	anna a sua anna anna anna anna anna anna
Legal Depa	rtment		
	d St., 3 rd Floor		-
	OH 43215-6127		



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	5	10)	22
	Month	Day	Year
 Name of medical practice or fa Women's Med Dayton 	cility at which RU-486 was prov	vided:	
3. Address of medical practice or f 1401 E Stroop Rd Dayton, Ohio 45429	acility at which RU-486 was pro	ovided:	
4. Date post RU-486 complication	began: 0/28/22	nu., i i	
5. Event(s) (Please check all that a	ipply):	And	······································
X Incomplete abortion	Adverse reaction to RU-485	Patient hospitali	zed
Patient received a transfusion Other serious event (specify) 6. Duration of event:			
7. Remarks: Patient Failed UP. Was 17 weeks	MAB with delays at presentation	y in see	out of state.
8. a. Name of physician who prov	vided RU-486 Keith	Resinger - Hi	ndle, DO
8. b. Physician's signature 🛛 🗕	Dala _ 4/2	M.C	0./0.0
Send completed forms to:	State Medical Board of Ohi	0	
	al Department		
	E. Broad St., 3 rd Floor		JUL 1 9 2022
Col	umbus, OH 43215-6127		STATE MEDICAL BOARD OF

State Medical Board of Ohio Report of RU-486 Event ATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	_07	14	2022
2. Name of medical practice or facility a Wortheast OHIU U	Month twhich RU-486 was provi DOMEN'S CENT		Year
3. Address of medical practice or facility 2127 State Road 4. Date post RU-486 complication began:	1, Cuyahosa		11 4423
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bl			
Cother serious event (specify)			
5. Duration of event: Hours 7. Remarks:	Days		
. a. Name of physician who provided RU-	A86 Dr. DAL	11D Burker	15
b. Physician's signature		6/22 M.D./D	
	Medical Board of Ohio		
Legal Departr 30 E. Broad St			
	4 43215-6127		



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	CCo	09	2023
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was provi	ded:	
Women's Med Dayton			
3. Address of medical practice or facility a 1401 E Stroop Rd	at which RU-486 was pro	vided:	in early synanical frances of galaxies
Dayton, Ohio 45429			
4. Date post RU-486 complication began: 7/15/2000			
5. Event(s) (Please check all that apply):			
Uncomplete abortion	Adverse reaction to RU-486		
Patient received a transfusion Severe b	leeding	57/	TE MEDICAL BOARD OF OHIO
Other serious event (specify)			and <u>attention and a farm</u> e.
6. Duration of event: Hours	Days	-	
7. Remarks:	annan mar an		ntantan ara ana ana ana ana ana ana ana ana a
	referred	out	
8. a. Name of physician who provided R	U-486 Catheri	ne Roma	ms
8. b. Physician's signature	0	S G	0/00-
	Date		7/20/22
Send completed forms to: Stat	te Medical Board of Ohio		177.47.4 A
Legal Depa	irtment		
30 E. Broad	i St., 3 rd Floor		-
Columbus,	OH 43215-6127		



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		O	07 Day	9099
2. Name of medical practice or facilit				Year
Women's Med Dayton				
				······································
3. Address of medical practice or faci 1401 E Stroop Rd	lity at which RU-48	36 was provid	led:	
Dayton, Ohio 45429				
4. Date post RU-486 complication be	G/23/2	\mathcal{A}		
5. Event(s) (Please check all that appl	(y):	4		an a
Incomplete abortion	Adverse reaction	to RU-486 _	Patient hospitaliz	eć
Patient received a transfusion Sev	ere bleeding			JUL 2 5 2022
			STATE	MEDICAL BOARD OF OHIO
Other serious event (specify)				
a an				
6. Duration of event: Ho	urs Day	'S		
7. Remarks:	cemplic	ated	DEC	
		P	2	<u> </u>
8. a. Name of physician who provide	d RU-485 -	U	Ja wi	
8. b. Physician's signature	-0	m		200
	Date	061	13/20	-56
Send completed forms to:	State Medical Boa	rd of Ohio	l.	Miles
Legal D	epartment			
30 E. B	road St., 3rd Floor			-
Colum	NUE OH 43215-61	77		



(Required pursuant to R.C. 2919.123)

JUL 2 5 2022

To be completed by the physician who provided RU-485

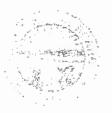
STATE MEDICAL BOARD OF OHIO

1. Date RU-486 was provided:	07	15	वव
	Month	Day	Year
2. Name of medical practice or facility at w	hich RU-486 was provi	ded:	anny and the first and the first and the first and the first state of the first state of the first state of the
Women's Med Dayton			
3. Address of medical practice or facility at 1401 E Stroop Rd	which RU-486 was prov	vided:	
Dayton, Ohio 45429			
4. Date post RU-486 complication began: 7/18/22			
5. Event(s) (Please check all that apply):	anananan 2, ito anananan ananan ananan ang pagang bahar ananan ananan	an a	n an
Incomplete abortion Ac	dverse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe blevere bl	eding		
	Comp.		
Other serious event (specify)			
Other actions over (specify)			
6. Duration of event: Hours	Days		
			аналияний на
7. Remarks:			
	dilation	and such	en
e . Nome of abusician who provided DU	486 Cather	in Remain	~~
8. a. Name of physician who provided RU-			-
8. b. Physician's signature		> (M.D	7/20/22
	Date		120122
Send completed forms to: State	Medical Board of Ohio		
Legal Departs	ment		
30 E. Broad S	it., 3 rd Floor		•
Columbus, O	H 43215-6127		



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	G	22	22
	Month	Day	Year Year
2. Name of medical practice or facility at	which RU-486 was pro-	vided:	an a
Women's Med Dayton			
3. Address of medical practice or facility a	t which PILASS was no	ovidad	
1401 E Stroop Rd	t which to was pr	Dvided.	
Dayton, Ohio 45429	онущини и на		
4. Date post RU-486 complication began:	2102 00		
	1127/22	annan an a	
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Severe bi	eeding		
Vother serious event (specify) Pailed	about a		
D ther serious event (specify)	quintai		
C. Duration of success			
6. Duration of event: Hours _			
7. Remarks: fau	led med	reation	abortion
0			
8. a. Name of physician who provided RL	J-485 A.)eanse	· Convin	MD
(10		
8. b. Physician's signature		7275	6607
	Date	-1-10	
	e Medical Board of Ohi	0	
Legal Depar			-
	St., 3 rd Floor		AUG 0 9 2022
Columbus, (OH 43215-6127		AUG O O ANTE MEDICAL BOARD OF OHIO



(Required pursuant to R.C. 2919.123)

L. Date RU-486 was provide	d:			
a a a company and a company	······	Month	Day	Year
2. Name of medical practice	or facility at which RU-4	86 was provided	J:	
Women's Med Dayto	òn			
3. Address of medical practi	co. or facility at which DII	APE was provide	· he	
1401 E Stroop Rd	ce of facility at which no	-460 was provide	çu.	
Dayton, Ohio 45429				
4. Date post RU-486 compli	cation began:			
	and the second		and the second	
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse react	tion to RU-486	Patient hospitaliz	ed
Samadhanna I				
Patient received a transfusio	n Severe bleeding			
Other serious event (specify)	annan ann an ann an ann an ann ann an an		500 (J.	
ann <u>a sana pana di ka</u> si y _a n yanan manana manana kana sa sana ya sana ya kana				ай түүүдэг тэх тэхээл онд у сэлсэг алтан 1906 - ⁵ ууу у 200 ой онооноо дагуу уу
6. Duration of event:	Hours 0)ays		
7. Remarks:		na forsen an		
	and a to be and the Augustaneous and a second street the Root is a special operation of the Market second second		18.44. B	
8. a. Name of physician whe	o provided RU-486			۰ ۱۹۹۳ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹ - ۲۹۹۹
8. b. Physician's signature	Manager and a second	and the second	MD	40.0
	Date -		аранцарана)	
Send completed forms to:	State Medical I	Board of Ohio		
	Legal Department			the server .
	30 E. Broad St., 3rd Flo	or		
	Columbus, OH 43215-	6127		AUG 0 9 2022
				AUG 0 9 20//



AUG 1 1 2022 STATE MEDICAL BOARD OF OHIO

(Required pursuant to R.C. 2919.123)

		5	3	22
		Month	Day	Year
2. Name of medical practice or Planned Parent	facility at which RU-4 hood	86 was provi	ded:	
3. Address of medical practice o	r facility at which RU-	486 was prov	vided:	
2314 Auburn				
4. Date post RU-486 complicatio $\mathcal{S}/12/22$				
5. Event(s) (Please check all that	apply):			
Uncomplete abortion	Advarca reaction	n to RI1 495	Patient hospitalized	
		1 10 110-400		
Patient received a transfusion	_Severe bleeding			
Other serious event (specify)				
		14441 L 01		
	House	/S		
6. Duration of event:	Hours Day			
	Hours Day			
6. Duration of event: 7. Remarks:	_mours Day			
	_mours Day			
	_mours Day			
		2	r. Kelso	
7. Remarks:		D	Y	0
7. Remarks: . a. Name of physician who prov	ided RU-486	D alg,	MOLD	0
7. Remarks: . a. Name of physician who prov . b. Physician's signature	ided RU-486 Mar Date —	2 1/2 7/2	Y	0
7. Remarks: . a. Name of physician who prov . b. Physician's signature	ided RU-486 Date Date State Medical Boar	2 1/2 7/2	MOLD	0
7. Remarks: . a. Name of physician who prov . b. Physician's signature end completed forms to: Lega	ided RU-486 Mar Date —	2 1/2 7/2	MOLD	0





(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	4	29	22
	Month	Day	Year
2. Name of medical practice or facility Planned Parenthood	y at which RU-486 was provi L	ded:	
3. Address of medical practice or facili	ty at which RU-486 was prov	vided:	
2314 Auburn Au			
4. Date post RU-486 complication bega $5 / 12/22$			
5. Event(s) (Please check all that apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	4
Patient received a transfusion Severe			
Other serious event (specify)			
5. Duration of event: 2 Hours	s Days		
7. Remarks:	1	- test	
. v.			
. a. Name of physician who provided F	RU-486	Pr. Pensa	1c
b. Physician's signature	2	\bigcirc	
	Date	15/22	
end completed forms to: Star	te Medical Board of Ohio		
Legal Depa			
	l St., 3 rd Floor		
	OH 43215-6127		



State Medical Board of Ohio Report of RU-486 Event STATE MEDICAL BOARD OF OHIO

AUG 1 1 2022

(Required pursuant to R.C. 2919.123)

	ed:	2	18	22
		Month	Day	Үеаг
2. Name of medical practice		RU-486 was prov	ided:	
3 Address of medical practi	ce or facility at which	b D11 486		
3. Address of medical practical and 23.14 Auburn				
4. Date post RU-486 complic	cation began: $\frac{1}{2}\frac{9}{22}$			3
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse	reaction to BUL ASC	Dallanthanit	
		100000 10 NO-460	Patient hospitalize	0
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
Duration of quants 7	- Hours	Davs		
Duration of event:				
5. Duration of event:2				And the part of the local data
7. Remarks:				
'. Remarks:				
'. Remarks:				
'. Remarks:		0.	1. Jana	h
'. Remarks:				
2. Remarks: a. Name of physician who p	provided RU-486	D. Ok	MO	
7. Remarks: a. Name of physician who p b. Physician's signature	provided RU-486		MO	
7. Remarks: a. Name of physician who p b. Physician's signature and completed forms to:	provided RU-486 Date State Medica	D. Board of Ohio	MO	
 Remarks: a. Name of physician who p b. Physician's signature and completed forms to: 	provided RU-486 Date Date State Medica Legal Department	l Board of Ohio	MO	
2. Remarks: a. Name of physician who p b. Physician's signature and completed forms to:	provided RU-486 Date State Medica	l Board of Ohio	MO	



State Medical Board of Ohio STATE MEDICAL BOARD OF OHIO Report of RU-486 Event

AUG 1 1 2022

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	4	20	22
	Month	Day	Year
2. Name of medical practice or facility Planned Parenthood		led:	
3. Address of medical practice or facilit	ty at which RU-486 was prov	ided:	
2314 Auburn Au			
4. Date post RU-486 complication bega $6/2/22$	an:		
5. Event(s) (Please check all that apply)):		
	Adversaria in a publica		
	Adverse reaction to RU-486	Patient hospitalized	1
Patient received a transfusionSevere	e bleeding		
Other serious event (specify)			
5. Duration of event: Hours	2 Days		
an a			
7. Remarks:			
Э			
a. Name of physician who provided R	łU-486	Do talia	
. a. Name of physician who provided R	15	n fals	
. a. Name of physician who provided R . b. Physician's signature	Maly	alzz	20
. b. Physician's signature	Maly	9/22	0.0
. b. Physician's signature	Maly	9/22	0.0
. b. Physician's signature end completed forms to: Stat Legal Depa	Date te Medical Board of Ohio rtment	9/22	2.0
b. Physician's signature	Date1/1 te Medical Board of Ohio	9/22 9/22	0.0





(Required pursuant to R.C. 2919.123)

	ided:	5	28	22
		Month	Day	Year
2. Name of medical pract Planned Par		RU-486 was prov	ided:	
3. Address of medical prac	ctice or facility at which	h PIL ARE WAS DE	wided.	
2314 Aubur.				
4. Date post RU-486 comp -7/13/22_	lication began:			
5. Event(s) (Please check a	all that apply):	and a second sec		
	Adverse	reaction to RU-486	Patient hospitalized	
Patient received a transfusi	ionSevere bleeding			
Other serious event (specify	y)			_
6. Duration of event:	Hours 2	Days		
	Hours 2	Days		
6. Duration of event: 7. Remarks:	Hours 2	Days		
	Hours 2	Days		
7. Remarks:	,		2.	
7. Remarks: . a. Name of physician wh	,	_ Days	- him	
7. Remarks:	,	U	/M.D./[
7. Remarks: . a. Name of physician wh	,			
7. Remarks: . a. Name of physician wh	o provided RU-486		/M.D./[2.0
7. Remarks: . a. Name of physician wh . b. Physician's signature	o provided RU-486	U 	/M.D./[. <u>o</u>
7. Remarks: . a. Name of physician wh . b. Physician's signature	o provided RU-486 Date	al Board of Ohio	/M.D./[2.0



AUG 1 1 2022 STATE MEDICAL BOARD OF OHIO

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	_5	24	22
	Month	Day	Year
2. Name of medical practice or facility		ided:	
3. Address of medical practice or facilit	y at which RU-486 was pro	vided:	
2314 Auburn Au			
4. Date post RU-486 complication began $\mathcal{M}_1/22$	n:		- Hannana
5. Event(s) (Please check all that apply):	:		
Incomplete abortion	_ Adverse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusionSevere	bleeding		
Lother serious event (specify)PF.	tx in Ell	for blue	ling, not seven
5. Duration of event: Hours	Days		
7. Remarks:			
. a. Name of physician who provided R	U-486	Dr. hr	
. b. Physician's signature	Ar	M.D./	DO
	Date7/1	16/22	
end completed forms to: Stat	e Medical Board of Ohio		
Legal Depar			
30 E. Broad	St., 3 rd Floor		
Columbus,	OH 43215-6127		



(Required pursuant to R.C. 2919.123)

		06	
1. Date RU-486 was provided:	5	+9 arms	22
	Month	Day	Year
2. Name of medical practice o Planned Paren	r facility at which RU-486 was p Hool	provided:	
3. Address of medical practice	or facility at which RU-486 was	provided:	
2314 Auburn	Aur. Cinci, of	4 45219	
4. Date post RU-486 complicat	ion began: $9/22$		
5. Event(s) (Please check all that	at apply):		
Incomplete abortion	Adverse reaction to RU-4	486 Patient hospitalized	
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours Days		
7. Remarks:			
×	7010		,
8. a. Name of physician who pr	ovided RU-486	Dr. DiNoyal	1
8. b. Physician's signature	Date8	2/22	<u> </u>
Send completed forms to:	State Medical Board of O	hio	
Le	egal Department		AUG 17 2022
30	D E. Broad St., 3 rd Floor	ST	
Co	olumbus, OH 43215-6127	31.	ATE MEDICAL BOLY



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		5	6	22
	-	Month	Day	Year
2. Name of medical practice o Planned Paren	1	-486 was prov	ided:	
3. Address of medical practice	or facility at which R	U-486 was pro	ovided:	
2314 Auburn				
4. Date post RU-486 complicat	ion began: 2 Z			
5. Event(s) (Please check all that	at apply):			
Incomplete abortion	Adverse rea	ction to BUL-485	Patient hospitalize	ad
Patient received a transfusion	Severe bleeding			
Patient received a transfusion	Severe bleeding			
Patient received a transfusion Other serious event (specify)				
Other serious event (specify)		Days		
		Days		
Other serious event (specify)		Days		
Other serious event (specify) 6. Duration of event:2		Days		
Other serious event (specify) 6. Duration of event:2		Days		
Other serious event (specify) 6. Duration of event:2 7. Remarks:	Hours	Days	Dr. Did	mod :
Other serious event (specify) 6. Duration of event:2 7. Remarks: 8. a. Name of physician who pr	Hours	Days	Dr. Din	mpel:
Other serious event (specify) 6. Duration of event:2 7. Remarks:	Hours	Days	Dr. Did	per i
Other serious event (specify) 6. Duration of event:2 7. Remarks: 8. a. Name of physician who pr	Hours	Days 222 56/12/2	6	
Other serious event (specify) 6. Duration of event:2 7. Remarks: 8. a. Name of physician who pr	Hours	202 8/12/2	6	peli: LD.O
Other serious event (specify) 6. Duration of event:2 7. Remarks: 8. a. Name of physician who pr 8. b. Physician's signature 5. b. Physician signature	ovided RU-486	202 8/12/2	6	meli LD.O
Other serious event (specify) 6. Duration of event:2 7. Remarks: 8. a. Name of physician who pr 8. b. Physician's signature 5. b. Physician's signature 6. Duration of event:2 	ovided RU-486 Date –	222 Sel12[2 Board of Ohio	6	



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	d:	3	30	2n
		Month	Day	Year
2. Name of medical practice Planned Pare	Λ	RU-486 was prov	ided:	
3. Address of medical practic	ce or facility at which	RU-486 was pro	ovided:	
2314 Auburn	Ave. Cir	na, ott	45219	
4. Date post RU-486 complic	ation began: $\frac{1}{2} \frac{1}{22}$			
5. Event(s) (Please check all t				
Incomplete abortion	Adverse r	reaction to RU-486	Patient hospita	alized
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	· · · · · · · · · · · · · · · · · · ·			
6. Duration of event:	Hours /	_ Days		
7. Remarks:	-religion of		and the second s	
,			0.01	1
8. a. Name of physician who	provided RU-486	har	Dr. Pin	gallo
8. b. Physician's signature	Date	8/12/2	W 2	0_/ D.O
Send completed forms to:	State Medica	al Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd F	loor		AUG 1 7 2022
	Columbus, OH 432:	15-6127		AUG IT ZUZZ
			2	STAT



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided	ł:	6	24	20
	-	Month	Day	Year
 Name of medical practice Women's Med Daytor 		I-486 was pro	vided:	
3. Address of medical practic 1401 E Stroop Rd	e or facility at which F	\U-486 was pr	ovided:	
Dayton, Ohio 45429				
4. Date post RU-486 complica	ation began:	11/22		
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Adverse rea	action to RU-486	Patient hospita	lized
Patient received a transfusion	Severe bleeding			anna a nna anna anna anna anna anna ann
Other serious event (specify)	faile	d m	edicat	in abortich
6. Duration of event:	Hours	Days		
7. Remarks: Refe	red out	t of s min	state fo	2
8. a. Name of physician who	provided RU-486	Jeann	e Careth	Second
8. b. Physician's signature	Date	68	122/202	2-
Send completed forms to:	State Medica	Board of Ohi	0	
	Legal Department			
	30 E. Broad St., 3rd F	loor		SEP 3 0 2022
	Columbus, OH 4321	.5-6127		OTATE MEDICAL BOARD OF ON



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:		Sept	69	2022
		Month	Day	Year
2. Name of medical practice o	r facility at which RL	J-486 was provide	ed:	an a
Women's Med Dayton				
3. Address of medical practice 1401 E Stroop Rd	or facility at which I	RU-486 was provid	led:	
Dayton, Ohio 45429				
4. Date post RU-486 complicat	ion began:	9/12/22		
5. Event(s) (Please check all the	at apply):	and a second program of the program		
X incomplete abortion	Adverse re	action to RU-486 _	Patient hospitaliz	ed
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	ununya ana amin'ny sora amin'ny s			NATION AND A STREAM AND A
6. Duration of event:	Hours	Days		
7. Remarks:	SU	ction		
	0.0			(
8. a. Name of physician who p	rovided RU-485	T Dr.	Cathorin	· Romanis
8. b. Physician's signature			MD	200
	Date		all'21	22
Send completed forms to:	State Medica	Board of Ohio		#####~~~~~#######\$\$#~~~~~~~###########
I	egal Department			
3	30 E. Broad St., 3rd F	loor		SEP 3 0 2022
(Columbus, OH 4321	5-6127		STATE MEDICAL BOARD OF OH



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	ed:	04	26	22
		Month	Day	Year
2. Name of medical practice	e or facility at which R	J-486 was provid	led: Prefer	M
3. Address of medical practi	ce or facility at which I	RU-486 was prov	ided: 12000 S	haber Blud
- artic and -				011 44120
4. Date post RU-486 complie	cation began: 05	25/22		
5. Event(s) (Please check all	that apply):		· · · · · · · · · · · · · · · · · · ·	
Incomplete abortion	Adverse re	action to RU-486	Patient hospitaliz	ed
Patient received a transfusior	Severe bleeding			
Other serious event (specify)				· · · ·
6. Duration of event:	Hours	Days		
7. Remarks:			. <u></u>	
8. a. Name of physician who			n Creme	CMD
8. b. Physician's signature	7. MUM Date	9/27/22	Mb	/ D.O
Send completed forms to:	State Medical	Board of Ohio	1	
	Legal Department		,	
	30 E. Broad St., 3 rd Fl	oor		
	Columbus, OH 4321	5-6127	(OCT 0 3 2022
Prescribed: 5//2011, Rev. 12/13/12			STATE M	EDICAL



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	MU	29	22
	Month	Day	Year
2. Name of medical practice or facility at w	hich RU-486 was provi	ided: Prete	2m
3. Address of medical practice or facility at	which RU-486 was pro	vided: 12 mm	Shaler Blood
	4 · *	develo	nd, 04 44120
4. Date post RU-486 complication began:	×111/22	· · ·	
5. Event(s) (Please check all that apply):			
Incomplete abortion Ad	verse reaction to RU-486	Patient hospitaliz	red
Patient received a transfusion Severe blee Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-4 8. b. Physician's signature	186 Mitel MP Mitel Date 9232	ren Reide	CMD JDO
Send completed forms to: State I	Medical Board of Ohio)	
Legal Departn	· · · ·		
30 E. Broad St			
Columbus, Oł	H 43215-6127		OCT 0 3 2022
Prescribed: 5//2011, Rev. 12/13/12			EDICAL BOARD OF GRE



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	67	19	22
	Month	Day	Year
2. Name of medical practice or facility at whic	ch RU-486 was provid€	ed: Prefe	r/m
3. Address of medical practice or facility at wh	ich RU-486 was provid	10000	Shakr Blud nd, OH 44120
4. Date post RU-486 complication began:	08/02/22		
5. Event(s) (Please check all that apply):	se reaction to RU-486	Patient hospitali	zed
Patient received a transfusion Severe bleeding Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:	· · · · ·		
8. a. Name of physician who provided RU-486 8. b. Physician's signature	12 mitch ate 9/23/2	eu Reid Mo 2	er MD
Send completed forms to: State Med	dical Board of Ohio	1	
Legal Departmen 30 E. Broad St., 3 Columbus, OH 4	rd Floor	00	CT 0 3 2022
Prescribed: 5//2011, Rev. 12/13/12		STATE MED	ICAL BOARD OF OPPO



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	·····	08	12	2022	
	-	Month	Day	Year	
2. Name of medical practice o	r facility at which RU	-486 was provi	ded: Prefe	2m	
3. Address of medical practice	or facility at which R	U-486 was prov	12000	Shaher Land, OH	-
			cure	Cona, Ora	99120
4. Date post RU-486 complicat	ion began: 08 い	1/22	. 1		
5. Event(s) (Please check all the	at apply):				
X Incomplete abortion	Adverse rea	ction to RU-486	Patient hospital	ized	
Patient received a transfusion	Severe bleeding			. ¹	
Other serious event (specify)					
6. Duration of event:	Hours	Days			
7. Remarks:					
8. a. Name of physician who pr 8. b. Physician's signature	ovided RU-486 MR Date -	9/23/2-	vell Reid Mo		
Send completed forms to:	State Medical	Board of Ohio	1		
	egal Department				
	0 E. Broad St., 3 rd Flo	or		OCT 0 3 202	2
5 - 5 - E	olumbus, OH 43215		STAT	E MEDICAL BOAR	D OF OHIO