. Rept #6

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		Onuary Month	12 Day	ZO1Z Year
2. Name of medical practice or Central Ohio Wo			ovided:	
3. Address of medical practice of			provided:	
3255 East Mair 4. Date post RU-486 event beg			, он ч	3213
5. Event(s) (Please check all th	at apply):			
Incomplete abortion	Adverse read	tion to RU-486	Patient	hospitalized
Patient received a transfusion	Severe bleed	ting		
X Other serious event (specify)	moduate blu	echuj'		Balance Constitution for compressing their residence date and an extension of the
6. Duration of event: 2	Hours	Days		
7. Remarks: Dand C don antim fol	e for moderal	ng heavy b	lleef, at ten	u ob
8. a. Name of physician who pr	ovided RU-486	Keder		
8. b. Physician's signature	Date_	5/1/12.		M.D. / D.O
Send completed forms to:	State Medical E	3oard of Ohio		
*0 .0 .m	Legal Departm 30 E. Broad St			MEDIGAL BOAF
STATE MEDICAL BOARD OF OHIO OF OHIO SOLVEN SI OF	Columbus, OH			MAY 2 1 2012

Prescribed: 5/--/2011

Rept #8



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	01	19	2012
	Month	Day	Year
2. Name of medical practice or	facility at which RU-486 was	provided:	
PANEO			
3. Address of medical practice of	or facility at which RU-486 wa	as provided:	
19550 ROUKSIDE	RD. BEDI		
4. Date post RU-486 event beg	an: ² /17/12		
5. Event(s) (Please check all th	at apply):		
Incomplete abortion	Adverse reaction to RU-48	B6 Patien	t hospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours Days		
7. Remarks:	3 . 1	,	2 7 1
It ner	in returned for	F/4 8	amt son
8. a. Name of physician who p	rovided RU-486 DR. DAV	10 Burkons	
8. b. Physician's signature	AH	11-	M.D./ D.C
	Date 5/1//	(/)	
Send completed forms to:	State Medical Board of Ol	hio	
	Legal Department		
2012 MAY 29 PM 2: 15	30 E. Broad St., 3 rd Floor	RAC	DICAL BOARD
0111-	Columbus, OH 43215-61	27	DICAL DUARD
OF OHIO BOARD			MAY 29 2012

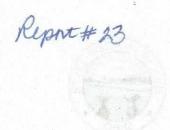


Prescribed: 5/-/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

	:	3	6	2012
		Month	Day	Year
2. Name of medical practice of	or facility at which	RU-486 was pro	ovided:	
Planned Parentu	.ood of 1	Vortheast	Onio	
3. Address of medical practice				()
25350 Rockende	Ra Bed	e Good Hts O)H 4410	16
4. Date post RU-486 event be	gan:			
3/2011	2			
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Adverse r	eaction to RU-486	Patient	hospitalized
Patient received a transfusion	Severe bl	eeding		
Other serious event (specify) _				
6. Duration of event:/	Hours	Days		
7. Remarks:				
7. Remarks:				
7. Remarks:				
		Carela K	²	
	rovided RId-486	Sarah K S	smith M	D
8. a. Name of physician who p	provided RId-486			D M.D. / D.
8. a. Name of physician who p	provided RId-486	3/27		
8. a. Name of physician who p 8. b. Physician's signature _	Date	3/27	112	M.D. / D.
7. Remarks: 8. a. Name of physician who passed by the second completed forms to:	Date	3/27 al Board of Ohio	112	
8. a. Name of physician who p 8. b. Physician's signature _	Date State Medica	3/27 al Board of Ohio	/12- MED	IGAL BOARD
8. a. Name of physician who p 8. b. Physician's signature _	Date State Medica Legal Depar 30 E. Broad	3/27 al Board of Ohio	/12- MED	M.D. / D.



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

Date RU-486 was provided	:	27	1	2012
		Month	Day	Year
2. Name of medical practice of	r facility at v	which RU-486 was	provided:	
Planned Parenth	ord of	Normeas	+ Ohio	
3. Address of medical practice	or facility a	t which RU-486 wa	s provided:	
25350 Rockende	Pd	Bed ford	Hts OH	44146
4. Date post RU-486 event be	gan:			
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Adv	erse reaction to RU-48	6 Patient	hospitalized
Patient received a transfusion	Sev	ere bleeding		
Other serious event (specify) _				
6. Duration of event:	Hours	Days		
7. Remarks:		1		
		//		
	Jan Di	Mag Day I	RINA NOC 1	ил
8. a. Name of physician who p	provided Hi	400 1/4/1	1	C
8. b. Physician's signature _	K	Date 3/2%	//	(MD./D.O
Send completed forms to:	State M	ledical Board of Oh	nio	Barra amana
	Legal D	epartment		LIVAL BÜARD
	30 E. B	road St., 3 rd Floor		APR - 5 2012
	Columb	us OH 43215-61	27	



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		3	13	2012
		Month	Day	Year
2. Name of medical practice o	r facility at wh	nich RU-486 was	provided:	
Planned Parentho				
3. Address of medical practice		vhich RU-486 wa	s provided:	
Bedford Hts 01		46		
4. Date post RU-486 event beg	gan: 4/5/12			
5. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Advers	se reaction to RU-48	6 Patier	t hospitalized
Patient received a transfusion	Sever	e bleeding		
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:				
	resulded DII	406 C 6 MI	K Cina tha	MD
8. a. Name of physician who p	provided Hu-	1 Sarun	C SMORAL	
8. b. Physician's signature _	1	ate 3/1/	12	M.D. / D.O
Send completed forms to:	State Me	dical Board of Oh	io	
	Legal De	partment		MEDIGAL BOAT
	30 E. Bro	ad St., 3 rd Floor		WER 0 4 5015
	Columbu	s, OH 43215-612	27	MAY D& COIL

Columbus, OH 43215-6127

Rept#7

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	March	19	2012
	Month	Day	Year
2. Name of medical practice or fac	ility at which RU-486 was p	rovided:	
Central Onio Women	's Center		
3. Address of medical practice or fa	acility at which RU-486 was	provided:	
0066 - 4			
3755 East Main !	St Columbus, 01		
4. Date post RU-486 event began:			
5. Event(s) (Please check all that a	ipply):		
Incomplete abortion	Adverse reaction to RU-486	Patie	nt hospitalized
mcomplete abonton	Adverse reaction to 110-400	1 000	R HOOPIGALOG
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event: H	lours Days		
7. Remarks:			
8. a. Name of physician who provide	ded RU-486Cattal	Inue C	mond
8. b. Physician's signature	wing		M.D. / D.O
	Date5	14/12	
Send completed forms to:	State Medical Board of Ohio	<u> </u>	
	egal Department		
3	30 E. Broad St., 3rd Floor		MEDICALDUA

Columbus, OH 43215-6127

MAY 2 4 2012



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

Date RU-486 was provided	:	3	21	2012
		Month	Day	Year
2. Name of medical practice of	or facility at wh	nich RU-486 was p	rovided:	
Planned Parenth	rod of	Normeast	Ohio	
3. Address of medical practice 25350 Rockinde Beaford Hts OH	Rd 44146	which RU-486 was	provided:	
4. Date post RU-486 event be	gan: 4/14/	12		
5. Event(s) (Please check all t	that apply):			
Incomplete abortion	Adver	se reaction to RU-486	Patient	hospitalized
Patient received a transfusion	Sever	e bleeding		
Other serious event (specify) _				
6. Duration of event:	Hours _	Days		
7. Remarks:				
8. a. Name of physician who	provided RU-	486 Sarah	K Shut	n MD
8. b. Physician's signature	XVII	ate 4b	4/12	M.D/ D.O
Send completed forms to:	State Me	dical Board of Ohio		
	Legal De	partment		
	30 E. Bro	ad St., 3 rd Floor	MED	IGAL BOARD
	Columbu	s, OH 43215-6127		
				MAY 0 4 2012



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	1:	2	28	12/
		Month	Day	Year
2. Name of medical practice of	or facility at which	RU-486 was	provided:	
Planned Parentho				
3. Address of medical practice	or facility at which	ch RU-486 wa	as provided:	
25350 Rochende	Rd B	edford t	ts 6H 44	146
4. Date post RU-486 event be $U/U_2/U_3/U_3/U_3/U_3/U_3/U_3/U_3/U_3/U_3/U_3$	gan:	V		
5. Event(s) (Please check all	that apply):			
✓ Incomplete abortion	Adverse re	eaction to RU-48	Patien	t hospitalized
Patient received a transfusion	Severe ble	eeding		
Other serious event (specify) _				
6. Duration of event:	Hours	Days		
7. Remarks:		1		
8. a. Name of physician who	provided RU-486	David	MBrmon	s MD
8. b. Physician's signature	Date		4/19/12	M.D. / D.O
Send completed forms to:	State Medica	al Board of Oh	io	
	Legal Depart			GRADO
	30 E. Broad		MED	GALBGARB
		H 43215-612	27	AAY 0 4 2012

Rept # 12

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

. Date RU-486 was provided:	4	4	20/2
	Month	Day	Year
. Name of medical practice or fa	acility at which RU-486 was p	rovided:	
(rentral Ohio	Women's ('t	enter	
3. Address of medical practice or	facility at which RU-486 was	provided:	
3155 E. Mail	n Street Colus	n lous, Ohn	à 43213
4. Date post RU-486 event began	n: 4-12-12		
5. Event(s) (Please check all that	t apply):		
XIncomplete abortion	Adverse reaction to RU-486	Patient	hospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours 14 Days		
7. Remarks:			
8. a. Name of physician who pro	ovided RU-486		
8. b. Physician's signature	with/	mage M	
o. s. r rrysional congress	Date	5780/	12
Send completed forms to:	State Medical Board of Oh	io	
	Legal Department		
	30 E. Broad St., 3rd Floor		MEDIGAL BOAR
	Columbus, OH 43215-612	27	- NOWL BUAR
			MAY 31 2012

Rpt 17

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	5	8	2012
	Month	Day	Year
2. Name of medical practice or facility at	which RU-486 was pr	ovided:	
Planned Parenthood of	Northeast	Onio	
3. Address of medical practice or facility	at which RU-486 was p	provided:	
26350 Rocheste Rd	Beford	HIS OH	44146
4. Date post RU-486 event began:	U		
5. Event(s) (Please check all that apply):			
Incomplete abortion Ad	verse reaction to RU-486	Patient	hospitalized
Patient received a transfusion Se	evere bleeding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
a N 4 - b - sision who woulded 5	AT 1000 1 1 P	sick pac 1	N D
8. a. Name of physician who provided F 8. b. Physician's signature	Date	UY EONS (M.D. / D.O
Send completed forms to: State	Medical Board of Ohio		MEDIA

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDIGAL BOARD

JUN 88 2012

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

I. Date RU-486 was provided:		05	16	20/2
		Month	Day	Year
2. Name of medical practice of	r facility at which	ch RU-486 was	provided:	
PENTICAL	Okin	1. 100/06)(.	S /Yeava	>
CEPTIONIC	0/40	Winage	(499)	
3. Address of medical practice	or facility at wh	nich RU-486 wa	s provided:	
3,55 E. MA				NO 43213
4. Date post RU-486 event bed				
5. Event(s) (Please check all the	The state of the s			
	Advocac	reaction to RU-48	6 Patie	ent hospitalized
Incomplete abortion	Adverse	reaction to 110-40		
Patient received a transfusion	Severe	bleeding		
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		0.14	2	
8. a. Name of physician who	provided RU-4	86 CO	unue	Cansino mi
		1100	6	M.D. / D.O
8. b. Physician's signature		in	10/11/12	
		ite	41111	
Send completed forms to:		ical Board of Ol		r-
	Legal Dep		î.	MEDIGAL BUARD
	30 E. Broa	ad St., 3rd Floor		JUN 1 8 2012
	Columbus	OH 43215-61	27	THE TWO IS NOT THE TANK OF THE

rept#13



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	05	17	2012
	Month	Day	Year
2. Name of medical practice or face of the PPN € 0	cility at which RU-486 was pro	ovided:	
3. Address of medical practice or f 25350 NOULSIDE RD BEDFORD HEIGHTS, OH		provided:	
4. Date post RU-486 event began:			
5. Event(s) (Please check all that	apply):		
Incomplete abortion	Adverse reaction to RU-486	Patier	nt hospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours Ø Days		
7. Remarks:		MED	ICAL BOARD
			UN 1 3 2012
8. a. Name of physician who prev	ided RU-486 DAVID BU	inkons, h	10
8. b. Physician's signature	Date (/6/	<u> </u>	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio		
	Legal Department		
	30 E. Broad St., 3 rd Floor		
	Columbus, OH 43215-6127		

rept #14



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	1: 5	29	12
	Month	Day	Year
2. Name of medical practice of PPNEO	or facility at which RU-486 v	was provided:	
3. Address of medical practice 25350 ROCKSIDE RD	or facility at which RU-486	was provided:	
BEDFORD HTS, OH 44	f146		
4. Date post RU-486 event be 6-7-12	gan:		
5. Event(s) (Please check all t	hat apply):		
Incomplete abortion	Adverse reaction to RI	U-486 Patie	nt hospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify) _			
6. Duration of event:	Hours Ø Days		
7. Remarks:			
8. a. Name of physician who	rovided RU486 Dr. DA	VID BURKONS	
8. b. Physician's signature _	Date 4/8		M.D. / D.C
Send completed forms to:	State Medical Board of Legal Department 30 E. Broad St., 3 rd Floo Columbus, OH 43215-6	MEDI(or Juj	CAL BOARD



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	l:	66	07	2012
		Month	Day	Year
2. Name of medical practice of	or facility at wh	nich RU-486 was p	rovided:	
PPNED				
3. Address of medical practice 25350 Rocks 100		vhich RU-486 was	provided:	
BEDFORD HEIGHT	3, OH 4	4146		
4. Date post RU-486 event be	gan:			
5. Event(s) (Please check all t	that apply):			
Incomplete abortion	Advers	se reaction to RU-486	Patien	t hospitalized
Patient received a transfusion	Severe	bleeding		
Other serious event (specify) _				
6. Duration of event:	M_ Hours			
7. Remarks:				
			1	
8. a. Name of physician who p	provided BU	186 DR/DA	VID BUKK)
8. b. Physician's signature	The state of the s	7/1/20	The	M,D. / D.O
Send completed forms to:	State Med	lical Board of Ohio		
	Legal Dep	artment		
	30 E. Broa	ad St., 3 rd Floor	M	EDIGAL BOARD
	Columbus	, OH 43215-6127		ILII Q 9 2012

Synt #27



State Medical Board of Ohio Report of RU-486 EventMEDICAL BUARD

(Required pursuant to R.C. 2119.123)

SEP 1 0 2012

1. Date RU-486 was provided:		June	12	2012
		Month	Day	Year
2. Name of medical practice or facil				
	ailitu at uubia	b DI L 496 WOS	provided:	
3. Address of medical practice or fa 25360 Rocking Roberts Bedford #1510	chity at which	11 NO-460 Was	provided.	
4. Date post PU-486 event began:	aliz			
5. Event(s) (Please check all that a	pply):			
Incomplete abortion	Adverse re	action to RU-486	Patient	hospitalized
Patient received a transfusion	Severe ble	eding		
Other serious event (specify)				
6. Duration of event:H	lours	Days		
7. Remarks:				
8. a. Name of physician who provides 8. b. Physician's signature	Sed RU-486	Samu	K Smith	(M.D.) D.O
	Date	914	112	
Send completed forms to:	State Medica	l Board of Ohi	0	
L	egal Depart	ment		
3	30 E. Broad	St., 3 rd Floor		
	Columbus, C)H 43215-612	7	



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	d:	July	3	2012
		Month	Day	Year
2. Name of medical practice of	or facility at which	RU-486 was pro	ovided:	
Planned Parenthoo	d of Greate	r Ohio		
3. Address of medical practice 25350 Rocksid	e Rd	h RU-486 was p	provided:	
Bedford Hts, o	H 44146			
4. Date post RU-486 event be 7 / 19 / 2012	gan:			
5. Event(s) (Please check all t	hat apply):			
Incomplete abortion	Adverse re	action to RU-486	Patient	hospitalized
Patient received a transfusion	Severe ble	eding		
Other serious event (specify) _				
6. Duration of event:	Hours	Days		
7. Remarks:				
4		1		
8. a. Name of physician who p	provided PU-486	David Bur	Kons, MD	
8. b. Physician's signature	Pate_		413	M.D. / D.O
Send completed forms to:	State Medical	Board of Ohio		
	Legal Departn	nent	A dimension	044
	30 E. Broad S		MEDI	CAL BOARD
	Columbus, Ol	43215-6127	JA	N 2 4 2013



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	7	F 12
	Month	Day Year
	facility at which RU-486 was provid	
	or facility at which RU-486 was prov	
25350 ROCKSINE	NO, BEDFORD HTS, OF	44146
4. Date post RU-486 event bega	an	
5. Event(s) (Please check all the Incomplete abortion	at apply): 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:		APR 15 2013
8. a. Name of physician who pro	ovided RU-486 DR SARAT	
8. b. Physician's signature	Date	9/13 M.D./D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department 30 E. Broad St., 3 rd Floor	
	Columbus, OH 43215-6127	
Prescribed: 5/-/2011		



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	04	15	12
	Month	Day	Year
Name of medical practice or facility at	which RU-486 was	provided:	
. Address of medical practice or facility	at which RU-486 was	s provided:	
12000 Shaker Blvd. C	Leve. OH 4	4120	
Date post RU-486 event began:			
. Event(s) (Please check all that apply):			
Incomplete abortion Ad-	verse reaction to RU-486	Patient	hospitalized
o modificate aboution			
Patient received a transfusionSe	vere bleeding		
Other serious event (specify)			
Other serious event (specify)			
2 11	Dovo		
3. Duration of event: Hours	Days		
7. Remarks: Abortion completed surgices	11 olelia .	(St 100	diation
Apption completed surgical	ly 9/8/12, 00	+w1100 10-7	oure no - ,
3. a. Name of physician who provided F	11-486 Relaces	Lavier St. of	M.D.
s. a. Name of physician who provided in	10 400 <u>racipita</u>	rework was	
3. b. Physician's signature			M.D/D.O
8. b. Physician's signature	Date 9/21	112	M.D/D.C

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

SEP 2 4 2012



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

			Partition of the second	
1. Date RU-486 was provided:	•	August	30	2012
		Month	Day	Year
2. Name of medical practice or	facility at which	ch RU-486 was p	rovided:	
Planned Parenthood	of Greater	Ohio		
Address of medical practice of	or facility at wh	nich RU-486 was	provided:	
25350 Rockside Rd,	Bedford	Hts, OH 4	4146	
4. Date post RU-486 event beg	an:			
9/15/2012				
5. Event(s) (Please check all the	at apply):			
Incomplete abortion	Adverse	reaction to RU-486	Patien	t hospitalized
Patient received a transfusion	Severe	bleeding		
Other serious event (specify)				
6. Duration of event:	_ Hours _	Days Days		
7. Remarks:			7	
		//	MANUAL MA	
		>11		
8. a. Name of physician who pi	rovided RU-4	86 David Bu	urkons, MD	
	N		1 1=	M.D. D.O
8. b. Physician's signature	Da	te I	18/13	(11,5), 5.6
Cond completed forms to:		ical Board of Ohio	0//	
Send completed forms to:	Legal Dep			041 -
		d St., 3 rd Floor	MEDI	CAL BOARD
			11	N 2 4 2013
	Columbus	OH 43215-6127	1	LUI

Pept 20



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

Date RU-486 was provided	: 08	30	2012
	Month	Day	Year
2. Name of medical practice of Areterm	or facility at which RU-486 was	provided:	
3. Address of medical practice			
4. Date post RU-486 event be	gan: 9/12/12		
5. Event(s) (Please check all t	hat apply):		
Incomplete abortion	Adverse reaction to RU-48	Patien	t hospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event: 2	Hours Days		
7. Remarks: Albortion completed 5	urgically 9/12/12, 40	further comp	lication.
8. a. Name of physician who p	provided RU-486 Lisa	Pestiera, M.	M.D.)D.O
8. b. Physician's signature _	Date 9/14	4/12	101.12.70.0
Send completed forms to:	State Medical Board of Oh	nio	
	Legal Department		WOARD
	30 E. Broad St., 3 rd Floor	WIE	LICAL BOARD
	Columbus, OH 43215-61	27	SEP 2 4 2012

State Medical Board of Ohio MEDICAL BOARD Report of RU-486 Event NOV \$ 0 2012

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		9	12	12
		Month	Day	Year
2. Name of medical practice o	r facility at which F	RU-486 was p	provided:	
CENTRAL OLGO	Work GO'S	Carre	•	
3. Address of medical practice	or facility at which	RU-486 was	provided:	
3255 E. MA	IN STREET	Coli's,	Oh. 43	43
4. Date post RU-486 event beg	gan: 10/12/12			
5. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Adverse rea	ction to RU-486	Patient h	nospitalized
Patient received a transfusion	Severe blee	ding		
Other serious event (specify)				and the second s
6. Duration of event:	Hours B	Days		
7. Remarks: Pt un	duwerd & about	D&C 1	go incom	where
		0/7	11 des	200
8. a. Name of physician who p	provided RU-486	mi	1300	2 5
8. b. Physician's signature	Date_	will	1/12	M.D. 💋 .O
Send completed forms to:	State Medical	Board of Oh	io	2: 00
Contra completes terms to	Legal Departr			8
	30 E. Broad S			
	Columbus Ol		7	

Report 44

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	: 9	12	12.
	Month	Day	Year
2. Name of medical practice of GHA Aluce	r facility at which RU-486		
3. Address of medical practice	or facility at which RU-48	was provided:	
2155 E. MA	N STREET W	WILLIAMS DA	10 432/3
4. Date post RU-486 event be	gan: 9-18-12		
5. Event(s) (Please check all t	hat apply):		
Incomplete abortion	Adverse reaction to R	U-486 Patier	nt hospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)			
6. Duration of event:	Hours Days	\$	
7. Remarks: No heavy So lub (m	bleeding desired	Dand C for Con	plehan
8. a. Name of physician who p	provided RU-486	Heder	
	provided RU-486 MC.	Weder	(M.D.) D.O
	mi	Neder 2-1	(M.D.) D.O
8. b. Physician's signature	me	1/2/12	
8. b. Physician's signature	Date	1/2/12	MEDICAL BOAR
8. a. Name of physician who page 8. b. Physician's signature - Send completed forms to:	Date	1/2/12 f Ohio	MEDICAL BOAR
8. b. Physician's signature	Date State Medical Board of Legal Department	f Ohio	



Prescribed: 5/--/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:	Seot	18 2012
	Month	Day Year
	acility at which RU-486 was provided	ed:
	facility at which RU-486 was provided, Bedford Hts, OH L	
4. Date post RU-486 event began		
Event(s) (Please check all that Incomplete abortion Patient received a transfusion Other serious event (specify)	apply): Adverse reaction to RU-486 Severe bleeding	Patient hospitalized
6. Duration of event:	Hours Days	
7. Remarks:		
8. a. Name of physician who prov	pere 1/15/13	M.D./D.O
	State Medical Board of Ohio Legal Department 30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	MEDICAL BOARD JAN 2 4 2013

Prescribed: 5/-/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		17	2012
	Month	Day	Year
2. Name of medical practice of	r facility at which RU-486 was provid	led:	
PLANNED PARE	ENTHOOS OF GREATER	040	
25350 NOULSID		ided:	
BEDFORD HTS, O	44146		
4. Date post RU-486 event beg			
5. Event(s) (Please check all th	nat apply):		
Incomplete 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 p	rovided RU-486 DA DAVID	Buncon	s, MD
8. b. Physician's signature	Date 16	12	M.D. / D.O
Send completed forms to:	State Medical Board of Ohio		
	Legal Department		
	30 E. Broad St., 3 rd Floor	MEL	DICAL BOARD
	Columbus, OH 43215-6127		JAN 2 4 2013

Prescribed: 5/-/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	10	17 2012
	Month	Day Year
	or facility at which RU-486 was provided of GNEATEN OHO	ded:
3. Address of medical practice 25350 ROCKSIDE BBDFOM HTS, OH		vided:
4. Date post RU-486 event be		
5. Event(s) (Please check all t	hat apply):	
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion	Severe bleeding	
Other serious event (specify) _		
6. Duration of event:	Hours 2 Days	
7. Remarks:		
8. a. Name of physician who p	provided RU-486 A.K. DANHO	BURICONS, M.D.
8. b. Physician's signature	a Th	M.D. / D.O
	Date /	1/18/13
Send completed forms to:	State Medical Board of Ohio, Legal Department	MEDICAL BOARD
1.	30 E. Broad St., 3 rd Floor Columbus, OH 43215-6127	JAN 2 4 2013

Prescribed: 5/--/2011

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		31 2012
	Month	Day Year
2. Name of medical practice or	facility at which RU-486 was provid	ed:
PLANNES PARENTH	OOD OF GREATER OH	0
3. Address of medical practice 25350 ROULSISE BEDFORD HTS, OH		ded:
4. Date post RU-486 event beg		
5. Event(s) (Please check all th	at apply):	
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized
Patient received a transfusion	Severe bleeding	
Other serious event (specify)	INFECTION	
6. Duration of event:	Hours 14 Days	•
7. Remarks: Theated W	ITH PO ANTIBIOTICS × 14	DAYS
8. a. Name of physician who pr	ovided RU-486 Dh Davis.	BUPLICONS, M.D.
8. b. Physician's signature	Date Date	(M.D.) D.O
Send completed forms to:	State Medical Board of Ohio	
	Legal Department	MEDICAL BOARD
	30 E. Broad St., 3 rd Floor	
	Columbus, OH 43215-6127	JAN 3 4 2013
	2	

Prescribed: 5/--/2011



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided	d:	8	2012
	Month	Day	Year
	or facility at which RU-486 was provi		
	or facility at which RU-486 was pro		H 44146
4. Date post RU-486 event be	()		
5. Event(s) (Please check all t	that apply):		`
Incomplete abortion	Adverse reaction to RU-486	Patient	hospitalized
Patient received a transfusion	Severe bleeding	The second secon	
Other serious event (specify) _			
6. Duration of event:	Hours 3 Days		
7. Remarks:			
		Marie Company	
8. a. Name of physician who	provided PV-486 AR DAVID	BURK	ONS, MD
8. b. Physician's signature	Date /	3	M.D./D.O
Send completed forms to:	State Medical Board of Ohio	1	
	Legal Department	M	EDICAL BOARD
	30 E. Broad St., 3 rd Floor		IAM 0 4 0040
	Columbus, OH 43215-6127	and the second s	JAN 2 4 2013

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2119.123)

1. Date RU-486 was provided:		14	2012
	Month	Day	Year
2. Name of medical practice or	facility at which RU-486 was provid	led:	
PIANISH PARTITION	od of GREATER OHIO		
1 - TANCE TATLER TO	or disented one	-	
3. Address of medical practice of	or facility at which RU-486 was prov	ided:	
25350 ROCKSIDE RU	0		
BEDFORD HTS, OH	44146		
4. Date post RU-486 event bega			
11/30/12			
5. Event(s) (Please check all the	at apply):		
Incomplete abortion	Adverse reaction to RU-486	Patient h	ospitalized
Patient received a transfusion	Severe bleeding		
Other serious event (specify)	HEMATOMETRA TREATED	WITH RE	ASPIRATION
6. Duration of event:	Hours & Dave		
o. Duration of event.	louis bays		
7 0	-		
7. Remarks:			
	60/1		
8. a. Name of physician who pro-	ovided BURBS DA DAVID	BURK	ONS, MD
8. b. Physician's signature	1/1/1/1/2		M.B. D.C
	Date 1/18/17		\
	Date /// Off	1	
Send completed forms to:	State Medical Board of Ohio		
	Legal Départment		
	30 E. Broad St., 3 rd Floor	MEL	DICAL BOARD
	Columbus, OH 43215-6127	T W T Books flas	TONE BUND
			JAN # 4 2013
Prescribed: 5//2011			



State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	12	11	2012
	Month	Day	Year
2. Name of medical practice or facility at	t which RU-486 was provi	ded:	
3. Address of medical practice or facility	toric service and the service services and the services are services are services and the services are services and the services are servi		
12000 Shaker Blud	. Cliveland	OH 44	120
4. Date post RU-486 complication began	1/2/13		
5. Event(s) (Please check all that apply):	-		
Incomplete abortion	Adverse reaction to RU-486	Patient hospitaliz	zed
Patient received a transfusion Severe b	oleeding		
Other serious event (specify)			
6. Duration of event:Hours			
7. Remarks: Abortion completed	Surgicely on	1/9/13, no	further plication.
8. a. Name of physician who provided R	U-486 Mohan	mued Rez	ace
8. b. Physician's signature	Date Date	1/2/13	0.0
Send completed forms to: Stat	te Medical Board of Ohio		
Legal Depa		MED	ICAL BOARD
30 E. Broad	l St., 3 rd Floor		

Columbus, OH 43215-6127

JAN 28 2013

Prescribed: 5/--/2011, Rev. 12/13/12