

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

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

(Required pursuant to R.C. 2919.123)

August Month J-486 was provided: RU-486 was provided	Day MEDICAL	Year
	- Proces	
RU-486 was provided	- macal	
(U-486 was provided	MEDICA	BOARD
113		9 2016
યાજ્યા		
-		
action to RU-486	atient hospitalized	
decul abortion		
_ Days		
C. Roma	rds	
8/24/2014	M.D. / D.0	<u> </u>
ar Board of Office		
loor		
1001		
	Days  C. Roman	C. Romanos  M.D./D.  Blay/2014  Blay/2014  Blay/2014



(Required pursuant to R.C. 2919.123)

Noneth Day Year  2. Name of medical practice or facility at which RU-486 was provided:  Planned Parenthood of Greater Ohio  3. Address of medical practice or facility at which RU-486 was provided:  25350 Rocks de Road  Bedford Heights OH 14146  4. Date post RU-486 complication began:  8 [26][[[b]]  5. Event(s)] (Please check all that apply):  Incomplete abortionAdverse reaction to RU-486Patient hospitalized Patient received a transfusion Severe bleeding Other serious event (specify)  6. Duration of event: Hours Days  7. Remarks: Aspiration for slowly declining hother serious event (specify)  8. a. Name of physician who provided RU-486 Transfusy Boother	1. Date RU-486 was provided:	Aug	1	17-	2016	
3. Address of medical practice or facility at which RU-486 was provided:  25350 Rocks: de Road  Bedford Heights OH 14146  4. Date post RU-486 complication began:  8 [26][6  5. Event(s) (Please check all that apply):  Incomplete abortion		RU-486 was provide	ed:		Year	
S. Event(s): (Please check all that apply):  Incomplete abortionAdverse reaction to RU-486Patient hospitalized	3. Address of medical practice or facility at which 25350 Rocks	h RU-486 was provi	ded:			
Adverse reaction to RU-486  Patient received a transfusion Severe bleeding  Other serious event (specify)  6. Duration of event: Hours 9 Days  7. Remarks: Aspiration for slowly declining hospitalized		6				
6. Duration of event:	5. Event(s) (Please check all that apply):		Patien	t hospitalize	ed	
7. Remarks: Aspiration for slowly declining hoch levels following medication abortion  8. a. Name of physician who provided RU-486  8. b. Physician's signature  Date 915:16  Send completed forms to: State Medical Board of Ohio Legal Department  MEDICAL BOAF  30 E., Broad St., 3 <sup>rd</sup> Floor						
8. a. Name of physician who provided RU-486  8. b. Physician's signature  Date  Date  Send completed forms to:  State Medical Board of Ohio  Legal Department  MEDICAL BOAF  30 E., Broad St., 3 <sup>rd</sup> Floor		Annual Company of the	decl:	ning	h CG	
8, b. Physician's signature  Date  Date  915:16  Send completed forms to: State Medical Board of Ohio Legal Department  30 E., Broad St., 3 <sup>rd</sup> Floor	levels fol					200
Legal Department MEDICAL BOAT 30 E., Broad St., 3 <sup>rd</sup> Floor	8. b. Physician's signature Tuu	un St	hu			<u>s, .u.</u>
	Legal Departmen 30 E., Broad St., 3	t <sup>rd</sup> Fløor		ME		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

L. Date RU-486 was provided:	AUG	19	2016.
	Month	Day :	Year
2. Name of medical practice or facility at which Planned Parenthood			
3. Address of medical practice or facility at white 25350 Rocks.  Bedford Heigh			
4. Date post RU-486 complication began:	9/2/16		
	e reaction to RU-48	6Pattent hospitalize	ed
Patient received a transfusion Severe bleeding Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: Patient did ve	ny well	post aspir	ration.
8. a. Name of physician who provided RU-486 8. b. Physician's signature	ua S	Kummon 121/16	

Legal Department

30 E., Broad St., 3rd Ploor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 3 1 2016



(Required pursuant to R.C. 2919.123)

			d.
1. Date RU-486	was provided:		19 2016
	Month	1	Pay Year
	ical practice or facility at which RU-486 was provided Parenthood of Greate		n:0
3. Address of me	dical practice or facility at which RU-486 was prov 25350 Rockside Road Bedford Heights OH	distribution of the second of	
4. Date post RU-	486 complication began: 8 (24116		
5. Event(s) (Plea	se check all that apply):  Tion Adverse reaction to RU-486	Patier	t hospitalized
Patient receive	a transfusion Severe bleeding		
30			
6. Duration of e	vent: Hours5_ Days		
7. Remarks:	Aspiration for on-goi following medication	abov	regnoncy
8. a. Name of pl 8. b. Physician's	vsician who provided RU-486		thy S. Kress, m
5. 5. 1 ny 3 cian 3	Date 91151	* 1	
Send completed	forms to: State Medical Board of Ohio Legal Department 30 E, Broad St., 3 <sup>rd</sup> Floor Columbus, OH 43215-6127		MEDICAL BOARD SEP 1 9 2016
Prescribed: 5/-/2011, R	-v. 12/13/12		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	08	24	16
	Month	Day	Year
2. Name of medical practice or fac	ility at which RU-486 was provid	ded:	
Planned Parent	nood		
3. Address of medical practice or fa	cility at which RU-486 was prov	vided:	
3755 E. Main	St Calambia	al 477	3
		SA 951	
4. Date post RU-486 complication by 9 6 16	Degan:		
	-1.1		
5. Event(s) (Please check all that ap	ypiy):		
✓ Incomplete abortion	Adverse reaction to RU-486	Patient hospita	lized
		to the state of th	
Patient received a transfusion S	evere bleeding	to the second se	
Other serious event (specify)			attributura an productivo de communicativo.
		1	
6. Duration of event:	Hours Davs		
7. Remarks: failed medic	ahen abotion on	politin a	march
	0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 :	roys a con so	v gara
8. a. Name of physician who provi	ded RU-486 Lisa Ki	eder	
8. b. Physician's signature	(8hgr		P/0.0
	Date9/14	12014	
Conditional design to			
			MEDICAL BUARD
Colu	mibus, On 45215-0127		SEP 1 9 2016
30 E	State Medical Board of Ohio I Department . Broad St., 3 <sup>rd</sup> Floor mbus, OH 43215-6127		MEDICAL BOARI

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



(Required pursuant to R.C. 2919.123)

			1.	Auditorial and a second
1. Date RU-486 was provided:	Aug		26	2016
	Month	\ \	sy ;	Year
2. Name of medical practice or facility at which R Planned Parenthood			110	
3. Address of medical practice or facility at which 25350 Rocks:	te Rood	The Contract of		
Bedford Height	is of	14141	6	
4. Date post RU-486 complication began:	131/16			
	131110		-	
5. Event(s) (Please check all that apply):		et e e e e e e e e e e e e e e e e e e	1	
√Incomplete abortion Adverse ri	eaction to RU-486	Patien	hospitalized	
	1	, W.d.,		
Delicard mark and a series from the pro-				
Patient received a transfusionSevere bleeding				
Other serious event (specify)				
	1 .			
6. Duration of event: Hours5	_ Days			
		A		
7. Remarks: Accipation for	15th - 40U	sle	gestaf	ion
7. Remarks: Aspiration for following med	ication a	6007	200	
tollowing misc	,			
8. a. Name of physician who provided RU-486		adra		12
ovac value or physician wito provided Ro-486	1100	0.11	4 >	Kress, us
8. b. Physician's signature	SKU	ns	MDO	0
Date	9/15/16			
Date				The state of the s
Send completed forms to: State Medica	Board of Ohio			
Legal Department				
30 E, Broad St., 3 <sup>rd</sup> F	loor		MEDIC	CAL BOARD
Columbus, OH 4321	5-612/		SE SE	P 1 9 2016
rescribed: 5/-/2011, Rev. 12/13/12	· ·			



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Sept	8	2016
	Month	Ďay ;	· Year
2. Name of medical practice or facility at will Planned Paventhoo			
3. Address of medical practice or facility at a 25350 Rock  Bedford Hei	cside Rood		
4. Date post RU-486 complication began:	9/2/110		
5. Event(s) (Please check all that apply):  incomplete abortion Adv Patient received a transfesion Severe bleed Other serious event (specify)	verse reaction to RU-486	Patient hospitáliz	ed
6. Duration of event: 1 Hours	Days		
7. Remarks: Medication abort  Pt diagnosed  with aspiration  post op.	with on.9	oing presma	ancy + treater
8. a. Name of physician who provided RU-4. 8. b. Physician's signature	www. Kr	notry Kr	V D.O.
Send completed forms to: State W	Medical Board of Ohio	•	

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 3 1 2016



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Novemb	er aa	2016
	Month	Day	Year
2. Name of medical practice or facility at wh Planned Parenthood		40 1	
3. Address of medical practice or facility at w 3255 East Main St Columbus, Ohio 437		ded:	
4. Date post RU-486 complication began: 12/6/10			
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	erse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleed	ing		
X Other serious event (specify) Failed	Abortion		
6. Duration of event: Hours	(2) Days		
7. Remarks:  FDA Mudication abortion 6  on 12/13/14.	29w3d failed	. Dic for	ongoing 168
8. a. Name of physician who provided RU-48 8. b. Physician's signature	Date Cather	ine Rom	100 2/13/16
Send completed forms to:  State M  Legal Departm  30 E. Broad St.,  Columbus, OH	, 3 <sup>rd</sup> Floor		MEDICAL BOARD DEC 1 6 2016



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	-	29	2016
·	Month	Day	Year
2. Name of medical practice or facility at which Planned Parenthood East Su	h RU-486 was pro	vided:	
3. Address of medical practice or facility at who 3265 East Muin St., Colum	ich RU-486 was pr DUS: ONIO	ovided: 43213	
4. Date post RU-486 complication began:	13/17		
5. Event(s) (Please check all that apply):			
Incomplete abortion Advers	se reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleeding	3		*
X Other serious event (specify) Failed Mo	edication,	Abortion	
6. Duration of event: Hours 45	) Days		
7. Remarks: Failed Medication	Abertien .	with DIC F	procedure
			40
8. a. Name of physician who provided RU-486  8. b. Physician's signature		ine Roman	
	ate		
Send completed forms to: State Med	lical Board of Ohio		
Legal Department	t		5
30 E. Broad St., 3 <sup>r</sup>	<sup>d</sup> Floor	MEDIC	CAL BOARD
Columbus, OH 43	3215-6127	JA	N 1 9 2017

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	12	2	16
	Month	Day	Year
2. Name of medical practice or facility at which RI Planned Parenthood	U-486 was pro	vided:	
3. Address of medical practice or facility at which	RU-486 was pr	rovided:	
2314 Auburn Au. an	a, off	45219	
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Adverse re	eaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleeding			
Other serious event (specify)			-
6. Duration of event: Hours	Days		
7. Remarks: completed Surgice	alby		
n.		1) 6	1512
8. a. Name of physician who provided RU-486		0. 20	100
8. b. Physician's signature  Date	al,	(M.D.	// D.O
Send completed forms to: State Medica	al Board of Ohi	0	
Legal Department		MEI	DICAL BOARD
30 E. Broad St., 3 <sup>rd</sup> F	loor	the Standard	TOTAL BUARD

Columbus, OH 43215-6127

DEC 2 7 2016

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provid	ed:	. 12	(0	20110
*		Month	. Day	Year
2. Name of medical practice Plunned Paton				U
3. Address of medical pract 3255 East Muli	ice or facility at wh OST, COLU	mich RU-486 was pro	vided: 43213	
4. Date post RU-486 compli	ication began:	15/17	-	
5. Event(s) (Please check all	l that apply):	* * * * * * * * * * * * * * * * * * *		
Incomplete abortion	Adver	rse reaction to RU-486	Patient hospitalize	ed
Patient received a transfusic	on Severe bleedir	ng		•, ,
Other serious event (specify	, Failed Y	ledication A	bortion	
6. Duration of event:	Hours <u>3</u>	5_ <sub>Days</sub>		
7. Remarks: Failed	Medication	Abertion	with D3C	procedure
8. a. Name of physician who 8. b. Physician's signature	o provided RU-486	5 Catherin	ne Roman	
,	[	Date ————		117/17
Send completed forms to:	State Me	dical Board of Ohio	-	1-1-/
The second secon	Legal Departme	nt		500
	30 E. Broad St.,	3 <sup>rd</sup> Floor	A CORPORATE	OADD
2 " 1 " 1 " 1 " 1 " 1 " 1 " 1 " 1 " 1 "	Columbus, OH 4	13215-6127	MEDICAL E	SUAKD
			JAN 1 9	2017

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



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provid	ded:	12	13	16
		Month	Day	Year
2. Name of medical practice Planned Parce	ce or facility at wh CM hood —	ich RU-486 was provi Eust SUTGIO	ided: Ca/	
3. Address of medical prac 3255 East M COLUMBUS, O	ain St	hich RU-486 was pro	vided:	
4. Date post RU-486 compl 12/21/16	ication began:			400
5. Event(s) (Please check al	ll that apply):			
Incomplete abortion	Adve	erse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion	on Severe bleed	ing		
X Other serious event (specify	Failed 1	Medication.	Abortion	7
6. Duration of event:	Hours	2 Days		
7. Remarks:	anad trace	amplicated		
8. a. Name of physician wh 8. b. Physician's signature		6 Catheri	ne Roma	100 9/10
Send completed forms to:		edical Board of Ohio		
	Legal Departme			
	30 E. Broad St.,	3 <sup>rd</sup> Floor	1	
	Columbus, OH	43215-6127	MEDI	CALBOARD
			IJA	N 03 2017
rescribed: 5//2011, Rev. 12/13/12				



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Month'	Day :	Year
2. Name of medical practice or facility at which			
3. Address of medical practice or facility at whi 25350 Rockside Rd.		ovided: eights, Ohio	44146
4. Date post RU-486 complication began:	12-22-1	(c.	
5. Event(s) (Please check all that apply):	se reaction to RU-486	Patient hospitalize	d
Patient received a transfusionSevere bleeding	g .		
Other serious event (specify)  6. Duration of event: Hours	Days		
7. Remarks: I't underwent FD. regimen. At tollow up ut was dedected. Bt was a was been doing well sive	spirated a	medication.	entinuing 1
8. a. Name of physician who provided RU-486 8. b. Physician's signature	et Ku	WTHY KRES	
Send completed forms to: State Med Legal Department 30 E., Broad St., 3 Columbus, OH, 4	s <sup>rd</sup> Floor		



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided	:	12	15	16
		Month	Day	Year
2. Name of medical practice of Planned Parker	//	U-486 was provi	ded:	
3. Address of medical practice	or facility at which	RU-486 was pro	vided:	
2314 Auburn	Au. an	a, of	45219	
4. Date post RU-486 complica	tion began:	1/3/17		
5. Event(s) (Please check all the	nat apply):			
Pincomplete abortion	Adverse re	eaction to RU-486	Patient hospitalized	d
Patient received a transfusion	Severe bleeding			
Other serious event (specify) _				
6. Duration of event:	Hours	_ Days		
7. Remarks:	don within	+ is su		
8. a. Name of physician who p	provided RU-486		Dr. Lin	0 /
8. b. Physician's signature	Date	<i>i</i> /	Y/17 M.D./	D.O
Send completed forms to:	State Medica	al Board of Ohio		
	Legal Department		• •	* gen
	30 E. Broad St., 3 <sup>rd</sup> F	loor	. The state of the	ta edu
	Columbus, OH 4321	15-6127		70", 60 MAL



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provid	ed:	December	per 15	2016 Year
2. Name of medical practice Plunned Parent	e or facility at which RU HOOD — East	J-486 was provid	led: L	
3. Address of medical pract 3255 East Mi	ice or facility at which F UN St., COL	RU-486 was prov	ided: H10 4321	3
4. Date post RU-486 compl	cation began: 12/2	2/16		
5. Event(s) (Please check al	that apply):			
Incomplete abortion	Adverse rea	action to RU-486	Patient hospitalize	ed
Patient received a transfusion	n Severe bleeding		M	EDICAL BOARD
Other serious event (specify	Failed Med	dication	Abortion	JAN 1 0 2017
6. Duration of event:	Hours 15	Days		
7. Remarks: failed medicate	n abortion res	solved will	n Dic -	uncomplicated
8. a. Name of physician who	provided RU-486	Cather	ine Run	ianos
8. b. Physician's signature	— C		) Ilabit	/ D.O
Send completed forms to:	State Medical Legal Department 30 E. Broad St., 3 <sup>rd</sup> Flo	Board of Ohio	1991 7	
	Columbus, OH 43215			
Prescribed: 5//2011, Rev. 12/13/12				



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	12	400	16 16
	Month	Day	Year
2. Name of medical practice or facility at v Planned Parenthood	vhich RU-486 was provi	ded:	
3. Address of medical practice or facility at 2314 Auburn Aw.			
4. Date post RU-486 complication began:	1/3/17		
5. Event(s) (Please check all that apply):			
Ancomplete abortion	dverse reaction to RU-486	Patient hospitaliz	zed
Patient received a transfusion Severe ble Other serious event (specify)			
6. Duration of event: 2 Hours _	Days		
7. Remarks: Completed W/ d	Dx ( withou	t is sur	
8. a. Name of physician who provided RU. 8. b. Physician's signature	-486	There L. M.D. Y/17	100
Send completed forms to: State  Legal Depart	Medical Board of Ohio		

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL SULARD

JAN 09 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

L. Date RU-486 was provided:	9	9	16
	Month	Day	Year
2. Name of medical practice or facility at whi Planed Parenthood			
3. Address of medical practice or facility at w	hich RU-486 was pro	vided:	
2314 Auburn Au	H, ancir	rati, o	H 45219
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortionAdve	erse reaction to RU-486	Patient hospital	ized
Patient received a transfusion Severe bleed  Other serious event (specify)	ling		
Patient received a transfusion Severe bleed	ling	us time in	ER for transt
Patient received a transfusion	ling	us time in	ER for transt
Patient received a transfusion	Days (pl	us time in Dr. Kalsı	7

MEDICAL BOARD

OCT 11 2016

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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



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

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

(Required pursuant to R.C. 2919.123)

1. Date RU-48	6 was provided:	Sept	, 15 Day	2016 Year
	edical practice or facility at which R		ided:	
3. Address of r	nedical practice or facility at which 25350 Rocksid Bedford Height	le Rord		
4. Date post R	U-486 complication began:	29/16		
5. Event(s) (Pla	ease check all that apply): bortionAdverse re	eaction to RU-486	Patient h	ospitalized
	ved a transfusion Severe bleeding sevent (specify)		ı	
6. Duration of	event: Hours 14	_ Days		
P+ d	Medication aborting nosed with one aspiration on	going pr	egnance	1 and treated
The state of the s	physician who provided RU-486 's signature Date	un K		MD/DO
Send complete	ed forms to:  State Medica Legal Department 30 E., Broad St., 3 <sup>rd</sup> F Columbus, OH 432:			MEDICAL BOARD NOV 1 5 2016



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

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

(Required pursuant to R.C. 2919.123)

Date RU-486 was provided:	Septemo	er 27	ZOL6 Year
Name of medical practice or facility at which R	U-486 was provid	ed:	
. Address of medical practice or facility at which	RU-486 was prov	ided:	
3255 E. Main & C	olumbas	of 1	13213
4. Date post RU-486 complication began:	0/5/16		
5. Event(s) (Please check all that apply):	-1-1		
	reaction to RU-486	Patient hosp	oitalized
— Incomplete aboution			MEDICAL BOARD
Patient received a transfusion Severe bleeding			
			OCT 1 7 2016
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: In complete mto	required	Such	n produce
8. a. Name of physician who provided RU-486	<del></del>	Kider	Costnerive &
8. b. Physician's signature		*	(MD/10,0
D	ate ———	100	
Send completed forms to: State Med	lical Board of Ohio	)	
Legal Departmen	t		
30 E. Broad St., 3	rd Floor		
Columbus, OH 4	3215-6127	To province and the contract of the contract o	



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	10	4	16
	Month	Day	Year
2. Name of medical practice or facility at which Planned Parenthose	Λ	led:	
3. Address of medical practice or facility at wh 2314 Auburn Aw,			
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortion Adver	se reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleedin	g		
Other serious event (specify) Failed	medica.	tia Mor	+;0
6. Duration of event: Hours	Days when	pt return	nd for surject
7. Remarks:			
N.			
8. a. Name of physician who provided RU-486	3 0	r. Pickl	
8. b. Physician's signature	Date 12/6	Ille (MO	100

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

MEDICAL BOARD

DEC 12 2016



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

. Date RU-486 was provided:	10	4	16
	Month	Day	Year
Planned Parenthood	11		) Đ
Address of medical practice or facility at which	ch RU-486 was pro	vided:	
2314 Auburn Av	٧.		
1. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortionAdverse	e reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
5. Duration of event: Hours	Days		
7. Remarks: Completed Surgically	without	:ssue	
X		0 4.0	
B. a. Name of physician who provided RU-486	0°	fichele	
B. b. Physician's signature	10/2	15/16 (M.D)	V D.O
end completed forms to: State Med	ical Board of Ohio		

NOV 0 7 2016

30 E. Broad St., 3<sup>rd</sup> Floor Columbus, OH 43215-6127

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



(Required pursuant to R.C. 2919.123)

Date RU-48	6 was provided:	Oct	. 5	2016
		Month	, Dav	Year
	edical practice or facility at which RU ined Perenthood of			0
3. Address of r	nedical practice or facility at which R 25350 Rocks d Bedford Height	e Road S OH	ovided: 44146	
4. Date post R	U-486 complication began:	21/16	•	
5. Event(s) (Pl	ease check all that apply):			
✓ Incomplete	bortionAdverse re	action to RU-486	Patient h	ospitalized
	ved a transfusion Severe bleeding s event (specify)			
6. Duration o	event: Hours	A STATE OF THE PARTY OF THE PAR		
Pt wis	Medication abordingnosed with or the aspiration or	tion p n-going	er FDA pregna 116.	regimen on 10/5/1 ncy 2nd trested Pt did very well
8. a. Name of	physician who provided RU-486	citin	1/	PED/DO
Send complet	ted forms to: State Medica Legal Department 30 E., Broad St., 3 <sup>rd</sup> F Columbus, OH 432		io	MEDICAL BOARD NOV 1 5 2016



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:		10	6	2014
		Month	Ďay	Year
. Name of medical practice o			OLDVAL	ST OHIO WOMENS CENTER LLC 2127 STATE RD
		HO WOMENS CEN		IOGA FALLS, OFF TALLS
3. Address of medical practice	or facility at which	RHTASE MOS PROV A FALLS, OH 44223	ided:	
4. Date post RU-486 complica	tion began:			
5. Event(s) (Please check all th	nat apply):			
Incomplete abortion	Adverse re	eaction to RU-486	Patient hospi	talized
Patient received a transfusion	Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	_ Days		
7. Remarks: II had Welker En	Dal at	ou face		
8. a. Name of physician who	provided RU-486	Afrid	M. Bn	King, My
8. b. Physician's signature	Date	24/1/16		1D/DO
Send completed forms to:	State Medic Legal Department	al Board of Ohio	1	MEDICAL BOARD
	30 E. Broad St., 3 <sup>rd</sup>	Floor		NOV 10 2016

Columbus, OH 43215-6127



(Required pursuant to R.C. 2919.123)

Date RU-486 was provided:	Oct	7	2016
	Month	Ďsv	Year
2. Name of medical practice or facility at which RU Planned Paventhood of			
3. Address of medical practice or facility at which F 25350 Rocks d Bedford Height	e Rord		
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):	action to RU-486	Patient hospitali:	zed
Patient received a transfusionSevere bleedingOther serious event (specify)			
6. Duration of event: Hours 3	Days		
7. Remarks: Patient did ver	y well f	ost aspir	ation.
8. a. Name of physician who provided RU-486 8. b. Physician's signature Date	Flun		ss, mo
Send completed forms to:  State Medical Legal Department 30 E_Broad St., 3 <sup>rd</sup> Fla Columbus, OH 43215			MEDICAL BOAR



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	Oct	14	2016
	Month	Day	Year
2. Name of medical practice or facility at w	vhich RU-486 was pr	ovided:	
Planned Paren	ithood of	Greater C	phio
	which DII 196 was r	provided:	
3. Address of medical practice or facility at	Rockside	Road	
	d Heights		
4. Date post RU-486 complication began:			
	11/10/10		
5. Event(s) (Please check all that apply):			
✓ Incomplete abortionA	dverse reaction to RU-48	86 Patient hospitali	zed
Patient received a transfusion Severe ble	eding	M	EDICAL BOARD
			JAN 09 2017
Other serious event (specify)			-
6. Duration of event: Hours _	Days		
		_	
7. Remarks: Pt. treated with	's surgical	e espiration	r coith no
Further complicat	nous. It di	d well fust	op.
8. a. Name of physician who provided RU	1-486 Tim	why Kress	, miD
8. b. Physician's signature	Tunta 8	5 Km	D/D.O
d, b. i Hysician s signature	Date	12/23/10	
	e Medical Board of O	hio	
Sella completed to the		, ilio	
Legal Depar	St., 3 <sup>rd</sup> Floor		
	St., 3 Floor OH 43215-6127		
Columbus, C	JU 42712.0171		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided	<b>!</b>	10	25	16
		Month	Day	Year
2. Name of medical practice Planned Parer	1	RU-486 was prov	ided:	
3. Address of medical practice	or facility at whic	h RU-486 was pro	vided:	
2314 Auburn	Ave. al	na, off	45219	
4. Date post RU-486 complica				
5. Event(s) (Please check all the	nat apply):			
Incomplete abortion	Adverse	reaction to RU-486	Patient hospitalize	ed
Patient received a transfusion	Severe bleeding			
Other serious event (specify)	Failed 1	nedication	Abstion	
6. Duration of event: 3	Hours	Days		
7. Remarks: Completed	supally i	without is	Suc	
8. a. Name of physician who p	rovided RU-486		Dr. Pickle	
8. b. Physician's signature	Dat	e gula	12/b/16	200
Send completed forms to:	State Medic	al Board of Ohio		
l	egal Department			
3	0 E. Broad St., 3 <sup>rd</sup>	Floor	3 4	EFRANK TAN AN
	olumbus OH 432	15-6127	M	EDICAL BOAR

Columbus, OH 43215-6127

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(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided	<b>i</b> :	-	10/27/	160	
		Month		Day	Year
2. Name of medical practice Planned	or facility at which F Parentho			er Oh	,(0
3. Address of medical practic	e or facility at which 25350 Rd Bedford	XESIAE	Koad	11460	
4. Date post RU-486 complic					
5. Event(s) (Please check all	that apply):				
Incomplete abortion	Adverse	reaction to RU-4	186 Patie	ent hospitalized	ĺ
Patient received a transfusion	Severe bleeding				
Other serious event (specify)					
6. Duration of event:	Hours	Days			
7. Remarks: Surgica	e aspira	him V	us der	re wi	th no
8. a. Name of physician who	provided RU-486	The	nothy	Kress	mD
8. b. Physician's signature			12	WD/	
Send completed forms to:	State Med	lical Board of	Ohio		
	Legal Department 30 E. Broad St., 3 <sup>n</sup>			MEDICA	AL BOARD
	Columbus, OH 43	3215-6127		JAN	0.9 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	d:	18	28	2016
		Month	Day	Year
2. Name of medical practice		ch RU-486 was provid	war C	
3. Address of medical practic	re or facility at wh	nich RU-486 was prov	vided:	
				. / - /
3255 E.	Main 1	t Colum	bus off	43213
4. Date post RU-486 complic		11/8/16		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adve	rse reaction to RU-486	Patient hospitali	zed
Patient received a transfusion	n Severe bleedir	ng		
Other serious event (specify)	Failed M.	edication Abo	rtion	
6. Duration of event:	Hours	Days		
7. Remarks:				
		6 Miche	11. 15/21	
8. a. Name of physician who	o provided RU-48	11	1 //	
8. b. Physician's signature		may	- Mo	1/00
		Date 11/18	16	
Send completed forms to:	State M	edical Board of Ohio		
	Legal Departme	ent	topi complete entre	
	30 E. Broad St.,		and any only services.	
	Columbus, OH		AATT	210.
			W/10]	DICAL BOARD
				NOV 2 1 2010

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



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

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

(Required pursuant to R.C. 2919.123)

. Date RU-486 was provided	Novemb	er 3	3 2016		
	Month	Day	Year		
Name of medical practice of Planned Paren	or facility at which RU-486 was prov	vided:			
3. Address of medical practice 3255 East Mai Columbus, Ol	e or facility at which RU-486 was pr in street H10 43213	ovided:			
1. Date post RU-486 complica	ation began: 11/10/16				
5. Event(s) (Please check all t	hat apply): Adverse reaction to RU-486	Patient hospita	ilized		
Patient received a transfusion	Severe bleeding				
Other serious event (specify)					
6. Duration of event:	Hours 19 Days				
7. Remarks:					
8. a. Name of physician who	provided RU-486 Cath	erine Rom	ranos		
8. b. Physician's signature	Date	$\rightarrow$ -	0/0.0		
Send completed forms to:	State Medical Board of Oh Legal Department 30 E. Broad St., 3 <sup>rd</sup> Floor		DICAL BOARD		
	Columbus, OH 43215-6127		NOV 25 2016		



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided	l:	Month	11/9	Day :	Year
2. Name of medical practice Plannes Pare	or facility at which	h RU-486 was	provided:	ohio	
3. Address of medical practice 25350 Rock S	e or facility at who	ich RU-486 wa	s provided:	ints, Ohi	0 44146
4. Date post RU-486 complica	ation began:	60			
5. Event(s) (Please check all t	hat apply):				
/ Incomplete abortion	Adver	rse reaction to RU	-486Pat	ient hospitalized	
Patient received a transfusion	Severe bleedin	ig			
Other serious event (specify)	19				
6. Duration of event:	Hours	Days			
7. Remarks: Surzico	l aspir	ution (	perdor Halid a	med wit	y no
8. a. Name of physician who 8. b. Physician's signature	provided RU-48	6 Tun	othy Ku	Kress MC	)
		Date	12:128	-11>0	
Send completed forms to:	State Me	edical Board of	Ohio	-	
	Legal Departme	ent			
	30 E. Broad St., Columbus, OH		P	MEDICAL BO	ARD

JAN 09 2017



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

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

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provide	d:	Novemb	er 17	2016
		Month	Day	Year
2. Name of medical practice Planned Pare	or facility at which nthood—t	RU-486 was provi Fast Surg	ded: ICA/	
3. Address of medical practic 3255 East Ma Columbus, OH	in st	ch RU-486 was prov	vided:	
4. Date post RU-486 complic 12/15/10	ation began:	•		
5. Event(s) (Please check all	that apply):			
Incomplete abortion	Adverse	e reaction to RU-486	Patient hospital	ized
Patient received a transfusior	Severe bleeding			
X Other serious event (specify)	Fuiled Me	edication u	Abortion	7
6. Duration of event:	Hours <u>33</u>	Days		
7. Remarks:				
D. Cpeif	unuel - le	neauplical	ed,	
8. a. Name of physician who	provided RU-486	Catheri	ne Roma	inos
8. b. Physician's signature	Da	ete	12/29/11	×/0.0
Send completed forms to:		ical Board of Ohio		<del>y</del>
	Legal Department			
	30 E. Broad St., 3	<sup>d</sup> Floor	MED	ICAL BOARD
	Columbus, OH 43	3215-6127		JAN 03 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:	11	22	16
	Month	Day	Year
2. Name of medical practice or facility at Planned Parenthood	which RU-486 was prov	ided:	
3. Address of medical practice or facility a 2314 Auburn Au.			
4. Date post RU-486 complication began:	12/3/16.		
5. Event(s) (Please check all that apply):		Patient hospitalize	ed
6. Duration of event: Hours	Days		
7. Remarks: D+( done without	+ incident		
8. a. Name of physician who provided RU8. b. Physician's signature	-486	2/2/16	/D.O.
Send completed forms to: State	Medical Board of Ohio		

30 E. Broad St., 3<sup>rd</sup> Floor

Columbus, OH 43215-6127

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