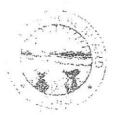


(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:		9	21	12
		Month	Day	Year
2. Name of medical practice or Planed Par	facility at which	RU-486 was provid	led: Jery	
3. Address of medical practice of	or facility at which	- DII 400		
3. Address of medical practice of 3255 E Maih				3
4. Date post RU-486 complicati	an began:			
5. Event(s) (Please check all tha	t apply):			
Kincomplete 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:				
cua compre	alea Di	C		
8. a. Name of physician who pr	avidad BII 496	Caff	ente Rom	
	Ovided NO-400	Carlo	ente Kom	anos
8. b. Physician's signature	Da	te	9/27/	7
Send completed forms to:	State Medi	ical Board of Ohio	1 ./	
Le	egal Department		T .	
	E. Broad St., 3 rd			
	olumbus, OH 43		MED	DICAL BOARD
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Prescribed: 5/--/2011, Rev. 12/13/12



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

S Le 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:	7	28	17
	Month	Day	Year
2. Name of medical practice or facility at which	h RU-486 was provid	st Surga	
3. Address of medical practice or facility at whi	ich RU-486 was prov	()	
3255 E man St. C			-13
4. Date post RU-486 complication began:	1117		
5. Event(s) (Please check all that apply):			
Advers	se reaction to RU-486	Patient hospitalize	ed .
Patient received a transfusion Severe bleeding	3		
Other serious event (specify)			MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPE
6. Duration of event: Hours	Days		
7. Remarks:			
		Canada and	
%		onadopendara - minima	
8. a. Name of physician who provided RU-486	mich	· No Tole	
8. b. Physician's signature	127-11	23.09	
	ate 8 11	M.D.,	10.0
200	dical Board of Ohio		
Legal Department		cold-conserved, beamed	
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Columbus, OH 43		new property years and the second sec	
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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1 Date PH 496 was assisted	0	112	
1. Date RU-486 was provided:		10	17
	Month	Day	Year
2. Name of medical practice or facility a	t which RU-486 was pro	vided:	
Y langed Vaner	thood Eust	Surgical	
3. Address of medical practice or facility		U	
		4	
3255 & Main 84.	Columbus	OH 43213	
4. Date post RU-486 complication began	:		
5. Event(s) (Please check all that apply):			
Incomplete abortion	Adverse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe	pleeding		
Yother serious event (specify)	led MAB		
6. Duration of event: Hours	Days		
7. Remarks: Dilation and Sur	ten- unampl	irated.	
		0	<u> </u>
8. a. Name of physician who provided R	U-486 Car	heribe Ka	omanos
8. b. Physician's signature		MR/I	2.0
	Date	120/17	
Send completed forms to: Stat	e Medical Board of Ohio		
Legal Depa	rtment	- Landon and Control of Control o	
30 E. Broad	St., 3 rd Floor	MEDICAL	BOARD
	OH 43215-6127	1	4 2017
		AUG &	* ************************************

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:	8	2-8	17
	Month	Day	Year
2. Name of medical practice or facility at which F lan ned Parenthood fa	RU-486 was provided the Surger	led:	reas
3. Address of medical practice or facility at which			
3255 E. Main St. Colur	nbus, OH	43213	d part of management of manage
4. Date post RU-486 complication began:	7/17		
5. Event(s) (Please check all that apply):			
Adverse r	eaction to RU-486	Patient hospitalized	de de la constant de
Patient received a transfusion Severe bleeding		THE PROPERTY OF THE PROPERTY O	Annual section of the
Other serious event (specify)			
6. Duration of event: Hours	_ Days		
7. Remarks: Uncamplicated sur	shan proceed	lue.	
8. a. Name of physician who provided RU-486	Catlas	mhe Roman	
8. b. Physician's signatureDate		3 9/2/1	0
Send completed forms to: State Medica	al Board of Ohio	And the second s	
Legal Department		Nadada Alamana Pangaran	
30 E. Broad St., 3 rd F	loor	MEDI	CALROARD
Columbus, OH 4321	15-6127		P 2.8 7017
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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 prov	vided:	9		
			12	17
2. Name of medical proc	Han and the	Month	Day	Year
2. Name of medical prac	anevithood (n RU-486 was prov	rided:	
ranned r	anerthood E	ast Surgen		
3. Address of medical are		0	4	
3. Address of medical pra	ctice or facility at which	ch RU-486 was pro	vided:	
52)> E. Ma	in St. 1	/		
A Data and Burner		lumbus, 0	H 43213	
3255 E. Ma 4. Date post RU-486 comp 9/25/ 5. Event(s) (Please checks)	olication began:	1/18W WD		
5. Event(s) (Please check a	all that apply):	P		
			Person Communication of the Co	
Incomplete abortion	Adverse	reaction to RU-486	Patient hospitalized	
			- auciic nospitalized	
Patient received a transfus	ion Severe bleeding			
1.7			District States of the Control of th	
	v) failed	MAB		
		7770(1)		
6. Duration of avent				
6. Duration of event:	Hours	Days		
7. Remarks:				
			district the state of the state	
			And the second of the second o	
. a. Name of physician wh	O provided a second	0000	9	
	o provided RU-486	In the	le Isle	
. b. Physician's signature	- Mi	s y	140 /0	
	Date	10/4/	12 MD/C	1.0
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	Legal Department	Basining page		
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Prescribed: 5/--/2011, Rev. 12/13/12

OCT 1 1 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

		no passage	
1. Date RU-486 was provided:	01	18	1 7
	Month		
2. Name of medical practice or facility at which RI Planned Parentheod East	J-486 was provid	Day ded:	Year
3. Address of medical practice or facility at which F	3U-486 was prov	idad	
3255 E. Marh St. Colum	bus (214	42-12	
4. Date post RU-486 complication began:		43213	
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse rea	action to RU-486	Patient hospitalized	Le .
Patient received a transfusion Severe bleeding	of transcentry state Library.		
Nother serious event (specify) Failed	Medication	abation	
6. Duration of event: Hours	Days		
7. Remarks:			
uncamplicated si	uction		
B. a. Name of physician who provided RU-486	Out	enne Ro	006
3. b. Physician's signature		MOOD	nanos
Date -		9/25	1
end completed forms to: State Medical E	Board of Ohio	15	
Legal Department	2.4 0. 01110		
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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1 Date Dil 100				
1. Date RU-486 was provid	led:	Supt	25	2017
		Month	Day	Year
2. Name of medical practic	ce or facility at which	n RU-486 was provid	led:	1 Cal
Planned Paren	thood Fast	Surgery	The state of the s	
		0 1		
3. Address of medical pract	tice or facility at whi	ch RU-486 was prov	ided:	
3255 E Main	St. Colu	mbus DH	43215	
4. Date post RU-486 compl	ication began:		1000	
10/3/17	208011,			
5. Event(s) (Please check al	I that anniul.			
N/	r triat apply);	41	venery mank and	
Incomplete abortion	Advers	e reaction to RU-486	Patient hospitalia	.a
			- r atient nospitalize	:a -
Patient received a transfusion	on Severe bleeding		menjuanjuanjuanjuanjuanjuanjuanjuanjuanjua	
			Augino-bendunin	
Other serious event (specify	n).		Apparatus suppose	
- Table Tabl	,		The same of the sa	
6 Dunani				
6. Duration of event:	Hours	Days	observation of the state of the	
7. Remarks:		70		
unc	audicated	0.0		
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1			religionale (e-co	
8. a. Name of physician wh		Call	. to	
8. a. Name of physician wh	o provided RU-486		renne or	omanos
8. b. Physician's signature		1		40.0
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Send completed for			10110	117
Send completed forms to:		ical Board of Ohio		MEDICAL BOAR
	Legal Department			
	30 E. Broad St., 3rd	Floor		OCT 2 3 2017
	Columbus, OH 43			
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		Y.		

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 provi	ded:	n-1	1 0	
		Month Month		2017
2. Name of medical pract Planned &	ice or facility at which aren-flood [RU-486 was provi	ded:	Year
3. Address of medical prac	A STATE OF THE PROPERTY OF THE	/1		
3255 E Ma	in St. Col			
(0	2/13/17		STATE OF THE STATE	
5. Event(s) (Please check a	Il that apply):			
Incomplete abortion	Adverse r	eaction to RU-486	Patient hospitali:	red
Patient received a transfusi	on Severe bleeding		dissolution and the second sec	
Other serious event (specify	failed	MEB		
6. Duration of event:	Hours	_ Days		
7. Remarks:				
			1 4,7% or or or or	
R a Namo of physician I		0.00		
3. a. Name of physician who 3. b. Physician's signature	provided RU-486	Catho	whe for	nanos
	Date		10/	4/17
end completed forms to:		Board of Ohio	1	
	Legal Department 30 E. Broad St., 3 rd Flo			
	Columbus, OH 43215	1	MEC	DICAL BOARD
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Prescribed: 5/--/2011, Rev. 12/13/12



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

To be completed by the physician who provided RU-486

NOV 0 3 2017

1. Date RU-486 was provided:	10	1.	
	Month	1 0	11
2. Name of medical practice or facility at which RL Planned Parenthood	1.406	ded: Surgen	Year
3. Address of medical practice or facility at which R Columbus OH 43213	RU-486 was prov	ided:	
4. Date post RU-486 complication began:	17		
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse rea	ection to RU-486	Patient hospitalize	d
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks:			
uncomplicated	DC		
8. a. Name of physician who provided RU-486 8. b. Physician's signature	Cathe	the Form	
Date -		10/3/1-	0.0
Send completed forms to: State Medical	Board of Ohio	1017.	
Legal Department		P	
30 E. Broad St., 3 rd Flo	or		
Columbus, OH 43215-	-6127		

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 provide	ded:	0		
	aca.	-UC+	16	2017
2 Name of modical		Month	Day	Year
2. Name of medical practi	ce or facility at which	RU-486 was provi	ded:	-
Planned Pare	enthood Eas	+ Suraem	Center	
3. Address of medical space	rigoral Taguity at which	RU-486 was prov	ided:	
Column	bus OH 43213		and the state of t	
4 Date post BU 496				
4. Date post RU-486 comp	lication began:			
5 Event/-\/P\	11/22	1(7	of management of the state of t	
5. Event(s) (Please check a	Il that apply):		The state of the s	
Mincomplete abortion	Advarsa	rozeffer to Dil see		
0 0 0 00000	Adverse	reaction to RU-486	Patient hospitaliz	ed
Patient received a transfusion	on Severe bleeding			
	orrepictulis			
Other serious event (specify			re del mandre de la constante	
other serious event (specify	"			
			and the state of t	
6. Duration of event:	Hours	_ Days		
7. Remarks:				
The second secon	0)10-11-			
unca	splicated 7	D.C.	de la constante de la constant	
1			Obligations stable	
8. a. Name of physician wh	o provided DU 405	- And D		
	o provided RU-486	Cagh	ente po	manos
8. b. Physician's signature			MR	/00
1	Date			12/17
Send completed forms to:			11/0	tott/
101113 (0,		al Board of Ohio	age to the same of	
	Legal Department			
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Prescribed: 5/--/2011, Rev. 12/13/12

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provide	٨.			
Was provide	u.	10	(B)	[7
2. Name of medical practice Ranned Pa	or facility at which	Month RU-486 was provided Strain Surce	Day ded:	Year
3. Address of medical practic 32 Co	e or facility at which 55 E. Main St. Dlumbus OH 432	RU-486 was prov		1
4. Date post RU-486 complication	125/17			
5. Event(s) (Please check all t		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:				
uncempl	rated DiC			
B. a. Name of physician who p B. b. Physician's signature		Carl		Comanos
end completed forms to:	State Medica	al Board of Ohio	11/2/1	7
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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:	War		
		7	2017
2. Name of medical practice or facility	Month	Day	Year
2. Name of medical practice or facility at which RL	J-486 was provi	ded:	
Planned parenthood	East	Surgery	
3. Address of medical practice of the		Jugury	
3. Address of medical practice of acility at which R	RU-486 was prov	vided:	
Columbus OH 43213			
1 Dot			8
4. Date post RU-486 complication began:			
		Name of the state	
5. Event(s) (Please check all that apply):		Principle Communication Commun	
		and a	
Incomplete abortion Adverse read	ction to RU-486	Down	
	70 10 400	Patient hospitalized	2
Patient received a transfusion Severe bleeding			
Yother serious event (specify) Failer	1 1 10		
Failer Failer	el MHB		
6. Duration of event: Hours	2010		
	Jays		
7. Remarks:			
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sarcamparated such of			
	= 1		
a. Name of physician who provided RU-486	Posto		. "
b plant will provided RU-486	Cathe	whe For	ranos
. b. Physician's signature		- Janeary	70.03
		S MOYO	
Date —		11/20/1	7
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Legal Department	- 01 01110		
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(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	
	20 17
2 Namo of mall in	Day
2. Name of medical practice or facility at which RU-486 was provi	Year
Planned Panertheed East Stargery	ded:
3 Address to	W.
3. Address of medical practice or facility at which RU-486 was prov	Vided
From 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ided.
Columbus OH 43213	1 - 2 - 3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
4. Date post RU-486 complication began:	
11/20/17	
5. Event(s) (Please check all that apply):	
Incomplete abortion Adverse reaction to RU-486	
	Patient hospitalized
Patient received a transfusion Severe bleeding	
V/	
Pother serious event (specify) Tailed MAR	
TALLE TONIS	
6. Duration of	
6. Duration of event: Hours Days	
7. Remarks:	
uncamplicated D:C	
3	
a. Name of physics	
3. a. Name of physician who provided RU-486 Coth	ephe Romanos
. b. Physician's signature	[50,100]
	MD/DO
end complete d c	7
end completed forms to: State Medical Board of Ohio	
Legal Department	J. J. St. 12
30 E. Broad St., 3 rd Floor	WEDICAL BOAR
Columbus, OH 43215-6127	DEC 1 8 2017
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scribed: 5//2011, Rev. 12/13/12	
12/13/12	

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

1. Date RU-486 was provided:	. 1			
	Month	(7	17	
2. Name of medical practice or fac		Day	Year	***************************************
Capital Care	Network Tole	do		
Address of medical practice	or facility at which RU-486	was provided:		
	nia Toledo OH			
	101692 011	43612	•	
4. Date post RU-486 complicat	ion began:			
	12/19/17			
5. Event(s) (Please check all tha	at apply):			
/ Incomplete abortion				
montplace and (IDI)	Adverse reaction to RU-486	Patient hospitaliz	ed	
Patient received a transfusion				
	Severe bleeding			
Other serious event (specify)				
- (Specify)				
6 D	2			
6. Duration of event: Ho	ours Days			
7. Remarks:				
DICon	12/22/17 no f	wither ,	undi time	
		Ce	mpirearrons	
	×			
3. a. Name of physician who pr	ovided Dis Acc. As A			
	Videa RO-486	Nonnall	4	_
3. b. Physician's signature	X. U- holy	MMD	(M.DyD.o	
	Date 12 2	7/17		
end completed forms to:	State Medical I	Board of Ohio		
	Legal Department			
	30 E. Broad St., 3rd Floo			
	Columbus, OH 43215-6	5127	MEDICAL BOARD	
			- 11 1 L	

What didn't they tell you? ThisClinicHurtsWomen.com

JAN 1 7 2018

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

Date RU-486 was provided:				
and the state of t		28	2017	
	Month	Day	Year	
2. Name of medical practice or facility at which	RU-486 was provided	J:		
2 7	0.4			
Capital Care A	letwork T	oledo		
2 Address of maliculating Comme				
Address of medical practice or facility a	t which RU-486 was	s provided:		
1160 W Sylvan	ia Ave To	ledo, oH	43612	
4. Date post RU-486 complication began:				
	1/6/18			
5. Event(s) (Please check all that apply):				
✓ Incomplete abortion Adverse	reaction to RU-486	Dati - 11 - 5 to		
	reaction to NO-400	_ Patient nospitali	zed	
Patient received a transfusion Severe bleeding	,			
STATE STATE	į			
Other serious event (specify)				
- Control of Control o				
C D				
6. Duration of event: Hours	Days			
7 Pamada				
7. Remarks: DEC on 16115	s no furth	ur com	dication	
		* '	P	
		erin men		FARRING TO THE THE PARTY OF
8. a. Name of physician who provided RU-4	186 L. Ann	Nynna	114	CO005167
8. b. Physician's signature	4-1/10	lly	M.D/D.O	
	Date 1/9/18			
end completed forms to:				

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

JAN 2 2 2018



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	Month	16	17
2. Name of medical practice or facility at v Planned Parenthood		Dey led:	Year
3. Address of medical practice or facility at	which RU-486 was provi	ded:	
2314 Auburn Aue.			
4. Date post RU-486 complication began:		•	
5. Event(s) (Please check all that apply):			
Incomplete abortion Adv	verse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Psevere bleed	ding		
Other serious event (specify)			
Duration of event: 2 Hours	Days		
Remarks: Repoland w/ D+(.			
a. Name of physician who provided RU-48	6	Dr. Gar	
b. Physician's signature	Date 8/3/16	M.D./D.	0
od complete 16	dical Board of Ohio		
Legal Departmen			

Legal Department 30 E. Broad St., 3rd Floor Columbus, OH 43215-6127

MEDICAL BOARD

AUG 0 8 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was pro	ovided:	8	4	,)
		Month	Day	Year Year
2. Name of medical pra Planned Po	actice or facility at which RI	J-486 was provi	ded:	1,001
3. Address of medical pr	ractice or facility at which I	RU-486 was prov	vided:	
	on Au. an			
4. Date post RU-486 con			•	
5. Event(s) (Please check	all that apply):			
/Incomplete abortion		ction to RU-486	Patient hospitalized	
Patient received a transfu	sionSevere bleeding			
Other serious event (special	ify)			
The state of the s	(A)			
. Duration of event:	2Hours[Days		
. Remarks:	1. 0			
OAC P	ner for med		*	
	ž.			
a. Name of physician wh	no provided RU-486		0-61	
b. Physician's signature	ypyma	B -	Dr. Gresala	y.
		8/18/17	MD/DO	
nd completed forms	Date —			
nd completed forms to:	State Medical Bo	oard of Ohio		
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	30 E. Broad St., 3 rd Floor		MEDICALB	UARU
	Columbus, OH 43215-6	12/	SEP 12	017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

1. Date RU-486 was provided:		9	21	17
	٨	Month	Day	Year Year
2. Name of medical practice or facility Planned Parenthood	at which RU-48	6 was provide	d:	(Cal
3. Address of medical practice or facilit	ty at which RU-4	86 was provid	ed:	
2314 Auburn Au				
4. Date post RU-486 complication bega	in:			
5. Event(s) (Please check all that apply)	:			
Incomplete abortion	Adverse reaction	to RU-486	Patient hospitalized	
Patient received a transfusion Severe	bleeding			
Other serious event (specify)	gilled v	ned Ab		
tratner 6. Duration of event: Hours	Days			
7. Remarks:				
3				те подавания в
. a. Name of physician who provided RI	U-486		2. Unt	
. b. Physician's signature	/	T S A Commission of the Commis	MD/D	0
	Date	10/3/17		
end completed forms to: State	e Medical Board	of Ohio		
Legal Depar	tment			

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 06 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

Date RU-486 was provided:	9	20	17
	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	which RU-486 was prov	vided:	
2314 Auburn Aus.	ana, of	45219	
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortion Ad	verse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe blee	ding		
Other serious event (specify)Failed	medical As	ortion	-
6. Duration of event: Hours	Days		
7. Remarks: Ewy cally w/	o irsu		
Y			
3. a. Name of physician who provided RU-48	36	D. Line	
b. Physician's signature	Date 19/5/1	7 20010	0
end completed forms to: State M	edical Board of Ohio		

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Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

OCT 12 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-485

	rovided:	/D	19	. 2
2 11		Month		The second secon
2. Name of medical pr	actice or facility at which I	₹U-486 was provid	led:	Year
3. Address of medical r	practice or facility at which			
2314 Aubi	in Au. an	Ci OH	ded: 45219	
4. Date post RU-486 con	mplication began:			
5. Event(s) (Please chec	k all that apply):	The second secon		
Incomplete abortion	Adverse rea	action to RU-486	_ Patient hospitalized	
Patient received a transfi	usionSevere bleeding			
Other serious event (spec	city) continued,	pre johnen		
Duration of event:	Hours 2	Days		and the contract of the contra
Remarks		and the second contraction to the second contraction of the second con		
	termination an	rotated for	scally.	and the second of the second o
pt. had 1	the control of the co	and the second second second second		
pt. had y				
		2 /1		
a. Name of physician wh		D Ll	V	
	no provided RU-486	D LI	WD/D0	
a. Name of physician wh	no provided RU-486 Date	DLI 12/6/1	WD/D0	
Name of physician wh Physician's signature	no provided RU-486 Date — State Medical Bo	DLI 12/6/1	WD/D0	
Name of physician wh Physician's signature	no provided RU-486 Date	DLl W6/h	WD/D0	

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

DEC 1 5 ZO17
What die



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was pr	rovided:	11	15	
		Month	Day	17
2. Name of medical property	actice or facility at which	ch RU-486 was provide	ed:	Year
3. Address of medical p	ractice or facility at wh	ich Dil And		
2314 Aubu	irn Aue. a	No. 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	led:	
A Data and Division	7.W. U	na, of	73217	
4. Date post RU-486 cor		1		
F 5		129/17		
5. Event(s) (Please check	call that apply):			
Incomplete abortion	Adverse	e reaction to RU-486	Patient hospitalized	
Patient received a transfu				
Other serious event (spec	ity) a sping	pregrancy		
. Duration of event:				
. Remarks:				
	surgically.			
a. Name of physician wh	10 provided RU-486	2		
	/	Dr.	Far	
	2/			
b. Physician's signature	- 5/2		MO/DC	1
b. Physician's signature	Date	12/11/1	2 MD/DC	1
		1. 7.	2	
b. Physician's signature	State Medical	12/11/1 I Board of Ohio	7	
b. Physician's signature		l Board of Ohio	J MD/0.0	

MEDICAL BOARD

DEC 1 5 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was pro	ovided:	12	2	
		Month	Day	17
2. Name of medical pra Planned Po	ctice or facility at which	h RU-486 was provid	ded:	Year
3. Address of medical pr	actice or facility at whi	ch RII-486 was area	1.31	
2314 Aubu	on Aur. a)	na, ott	45219	
4. Date post RU-486 com	plication began.			
5. Event(s) (Please check	all that apply):			
Incomplete abortion		reaction to RU-486	Patient hospitalize	d
Patient received a transfu	sion Severe bleeding			
Other serious event (speci	fy)			
. Duration of event:	Z_Hours	_ Days		
. Remarks:				
	3.			
a. Name of physician wh	o provided RU-486	D	Lin	
o. Physician's signature		2	110/0	0
	Date	12/26/1	7 M.D./D	-U
d completed forms to:	State Medical	Board of Ohio		
	Legal Department	- La or Offic		
	30 E. Broad St., 3 rd Flo	oor	MEDIC	AL BOARD
	Columbus, OH 43215		MEDIC	AL DOALD
			JAL	09 2018

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

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

Date RU-486 was provided:	09	21	17	
	Month	Day	Year	
1	ich RU-486 was provi ier's Women's Healt 243 East Broad Street Columbus, Ohio 43205			
3. Address of medical practice or facilit	y at which RU-486	was provided:		
	See a focus			
4. Date post RU-486 complication bega	in: 9-2	5-17 , 10	-12-17	
Event(s) (Please check all that apply) Mcomplete abortion Adv Patient received a transfusion Severe blee Other serious event (specify)	: verse reaction to RU-486		не Солов (Воно) и обише в на водина и подочно на него на подочно на него на него на него на него на него на н	
6. Duration of event: 4 Hours	Days			
7. Remarks: Multiple pregnas Suction aspiration	in treatment	mudical.		
8. a. Name of physician who provided I 8. b. Physician's signature	NSCIT	Blank MO 1-11-17	(M,D/D.O	

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD NOV 15 2017

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

1. Date RU-486 was provided:				-91		
	Month		25		17	
2. Name of medical practice or facility at which i	U-486 was no	rovided:	Day		Year	
Founder's Women	> Head	eth Ce	entei			
3. Address of medical practice or facility at	which RU-48	R6 was nr	vidad.			
1243 E. Broad	St.	Co	lumbi	15,0	hio	43265
4. Date post RU-486 complication began:						•
12.9.17						
Event(s) (Please check all that apply):						
∑ Incomplete abortionAdverse re	eaction to RU-486	6Pati	ent hospitalized	ı		
Patient received a transfusionSevere bleeding						
Other serious event (specify)						
6. Duration of event: / HoursD	ays					
7. Remarks: Moderat	e tiss	in C			*	
8. a. Name of physician who provided RU-48 8. b. Physician's signature	6 Ha	Bh	Blank 1		omi)	
and completed forms to:	tate Medical					
Legal Dej	partment					
	ad St., 3 rd Flo					

Columbus, OH 43215-6127

MEDICAL BOARD DEC 1 4 2017

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was pro	vided:	08	15	17
	-	Month	Day	Year
2. Name of medical prac	ctice or facility at which R	U-486 was provid	ed:	
Preterm				
3. Address of medical pra				
12000 Shake	r Blvd. C	leveland	44120	
4. Date post RU-486 com	plication began:		11100	
5. Event(s) (Please check	all that apply):	,		
			N	ε
✓ Incomplete abortion	Adverse re	action to RU-486	Patient hospitalized	i el
Patient received a transfus	ion Severe bleeding			
	Jevere bleeding			,
Other serious event (specif		1		
o the schous event (specific	y)			
E Dunnetti.	7			
6. Duration of event:	Hours	Days		
7. Remarks:				
				The state of the s
8. a. Name of physician wh	o provided RU-486	Moriene	Katsuki, M.	D
8. b. Physician's signature	Mon	y Clabo		<u> </u>
	0"	91,21	1 00/00	
	Date -	1/10/1		
send completed forms to:	State Medical E	loard of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Floo	r		
	Columbus, OH 43215-6	5127	MEDICAL	BOARD

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

What didn't they tell you? ThisClinicHurtsWomen.com

SEP 1 4 2017

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	_08	/	16	17
	Month	[Day	Year
2. Name of medical practice or facility	at which RU-486 was p	provided:	2	
3. Address of medical practice or facilit	y at which RU-486 was	provided:		
12000 Staker Blvd.	Clevelano	1 4	4120	
4. Date post RU-486 complication bega	09/12/17		The second secon	
5. Event(s) (Please check all that apply):	7 7		at at	
Incomplete abortion	_ Adverse reaction to RU-4	86 Patient	hospitalized	
Patient received a transfusion Severe	bleeding			
Other serious event (specify)				
6. Duration of event: 4 Hours	Days			
7. Remarks:				
3. a. Name of physician who provided R	U-486 / M	that I	Cider,	U.D.
3. b. Physician's signature	Date	alul	ND/D0	
end completed forms to: Stat	e Medical Board of Oh	io		
Legal Depar	tment			
30 E. Broad	St., 3 rd Floor			

Columbus, OH 43215-6127

MEDICAL BOARD

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was pro	ovided:	26	3-	
	-	Month		17
2 Nama of		A STATE OF THE STA	Day	Year
2. Name of medical pra	ctice or facility at which RU	I-486 was prov	ided:	
Preterm				
3 Address of modical as	F -77-			
J. Address of medical pr	actice or facility at which R	U-486 was pro	vided:	
12000 5 Lak	er Blud. C	levi.	44120	
4. Date post RU-486 com	plication began:			
10/06/17				
5. Event(s) (Please check	all that apply):			
	7,77			380
✓ Incomplete abortion	Adverse read	tion to RU-486	Patient hospitalized	
				•
Patient received a transfu	sion Severe bleeding			
				*
Other serious event (speci	fv)	***		
	. 1/1			The State of Language
	0			
5. Duration of event:	2_ Hours D	ays		
7. Remarks:				
				18 TO 1
				THE PROPERTY OF THE PROPERTY O
a. Name of physician wh	o provided RU486	Milel	00 6.1.	(I)
	////)·	- Julion Al	2 perar, 1	1,0.
b. Physician's signature	- HINL		(MD/D	0
	/date	10/20		
nd completed forms to:		1		
Present forms to.	State Medical Bo	ard of Ohio		
	Legal Department			
	30 E. Broad St., 3 rd Floor		MEDICAL	BOARD
	Columbus, DH 43215-61	.27		
			OCT 2 4	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:	10	10	2017
	Month	Day	Year
2. Name of medical practice or facility Preterm	at which RU-486 was provi	ded:	, , , ,
3. Address of medical practice or facilit			
12000 Shaker Blvd	. Cleveland, Ohi	0 44120	
4. Date post RU-486 complication began	n:		
5. Event(s) (Please check all that apply):			
Incomplete abortion	_ Adverse reaction to RU-486	Patient hospitalize	d
Patient received a transfusion Severe	bleeding		
Other serious event (specify)			
5. Duration of event: 3 Hours	Days		
. Remarks:			
a. Name of physician who provided RU	1-486 Monique	Katsuk na	^
b. Physician's signature		-h D	D
	Date 11/14/	17 (M)	1.0
nd completed forms to: State	Medical Board of Ohio		
Legal Depart	ment		
30 E. Broad S	it., 3 rd Floor	ME	DICAL BOAR.
Columbus, O	H 43215-6127	14177	

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