(Required pursuant to R.C. 2919.123)

Date RU-486 was provided	1.	10	27	2017
Date RU-486 Was provides		Month	Day	Year
. Name of medical practice	or facility at which RI	U-486 was prov	ided:	
Preterm	1. 10.			
	f III. A Link	DIT 486 Was Dri	ovided:	
. Address of medical practic				
12000 Shaker B	olvo Clevelan	0, onio	44120	
1. Date post RU-486 complic	ation began:			
11/29/17				
5. Event(s) (Please check all	that apply):			*
✓Incomplete abortion	Adverse r	reaction to RU-486	Patient hospitali	ized
Patient received a transfusion	n Severe bleeding			
Other serious event (specify)				
6. Duration of event:	Hours	Days		
7. Remarks:				
8. a. Name of physician wh	o provided RU486	Mitc	nell Reider	mD
8. b. Physician's signature	W		(   M	0/00
a. b. rhysician's signature	Da <sup>1</sup>	te	12/1/17	
Send completed forms to:	State Wedi	cal Board of Oh	io	
	Legal Department		1./6	EDICIAL SULLED
<b>*</b>	30 E. Broad St., 3 <sup>rd</sup>	Floor	1.472	
5.76	Columbus, OH 432	215-6127		DEC 0 5 2017

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	10	28	2017
. Date RU-486 was provided	Month	Day	Year
2. Name of medical practice or facility at w			
3. Address of medical practice or facility at	which RU-486 was pro	ovided:	
12000 Shaker Blvd	Cleveland,	OH 44120	
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortionA	dverse reaction to RU-486	Patient hospital	zed
Patient received a transfusion Severe ble	eeding		
Other serious event (specify)			
6. Duration of event: 3 Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU	1-486 JUSH	n Lappen,	MD
8. b. Physician's signature	Date 12 /2		0./0.0
Send completed forms to: State	e Medical Board of Oh	0	

Legal Department

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

Columbus, OH 43215-6127

MEDICAL BOARD

DEC 0 7 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	10	28	2017
	Month	Day	Year
<ol> <li>Name of medical practice or facility at which is the property of the property of</li></ol>	th RU-486 was provi	ded:	
3. Address of medical practice or facility at wh	ich RU-486 was pro	vided:	
12000 Shaker Blvd. Cla	eveland o	NA 44128	
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			ē
Adver	rse reaction to RU-486	Patient hospitalized	d .
Patient received a transfusion Severe bleeding	ng		
Other serious event (specify)			lase control c
6. Duration of event: 2 Hours	Days		
7. Remarks:			
8. a. Name of physician who provided RU-48	6 Justin	Lappen, Mo	>
8. b. Physician's signature	Date 12/2	117 M.D.	<u>'D.O</u>
Send completed forms to: State Me	edical Board of Ohio		
Legal Departme	ent		

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

Columbus, OH 43215-6127

MEDICAL BOARD

DEC 0 7 2017

Prescribed: 5/--/2031, Rev. 12/13/12



(Required pursuant to R.C. 2919.123)

Date RU-486 was provided:	7	12	17
	Month	Day	Year
Name of medical practice or facility at which	Oreaco		
2. Address of medical practice or facility at which 25350 Rockside Rd.	hRU-486 was pro Belford He	vided:	44146
4. Date post RU-486 complication began: 7	119/17		
5. Event(s) (Please check all that apply): AdversPatient received a transfusion Severe bleedingOther serious event (specify)	e reaction to RU-486	Patient hospitalize	d
6. Duration of event: Hours	Days		
7. Remarks: Med abortum pro on 3/12/17. Followup with ongoing pregnancy. S 1/20/17. Pt. Lidwell post	t-op.		unied an
8. a. Name of physician who provided RU-48. 8. b. Physician's signature	Date	~ 8/12/13 ~ 8/12/13	/00
Send completed forms to: State Me	edical Board of Ol	ilo	



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	7	13	17
	Month'	ĎaA	Year
2. Name of medical practice or facility at which Planned Parenthood of	RU-486 was provid Greater	ded: Ohio	
3. Address of medical practice or facility at which	h RU-486 was prov Bedford He	vided: ights, Ohio	44146
4. Date post RU-486 complication began:	117/17		
5. Event(s): (Please check all that apply):	ا ميد ميد تما		
✓ Incomplete abortionAdverse	e reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding Other serious event (specify)			
6. Duration of event: Hours			
7. Remarks: Med abortion process Second Lose of misoprostolius first dose. Follow-up altrason surped asperation was perfor	nd on Tigli	1 showed on	ging pregum
8. a. Name of physician who provided RU-486	Timo	THY KRESS	
8. b. Physician's signature  D	ate 8	15/17	
Legal Departmen			EDICAL BOARD
30 E. Broad St., 3 Columbus, OH 4			AUG 2 3 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

. Date RU-486 was provided:	7	. 19	(7
Date No 400 Map p. 1	Month	, Day	Year
Name of medical practice or facility at wh Planned Parenthood of	ich RU-486 was provi F Greater	ded: Ohio	
. Address of medical practice or facility at w 25350 Rockside Rd.	which RU-486 was pro Bedford He	vided: eights, Ohio	44146
4. Date post RU-486 complication began:	8/2/17		
5. Event(s) (Please check all that apply):			
	verse reaction to RU-486	Patient hospitalized	
Other serious event (specify)			
6. Duration of event: Hours	Days		- 50
The Wellington whor	him procede	to was in	nd revenue
8. a. Name of physician who provided RU-		nothy Kress	
		nothy Kress	, 100
8. b. Physician's signature	Date	nothy Kress	, wo

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:			.8	·	<u> </u>	
		Month		Day	Year	
Name of medical practice or facility	y at which	Gread	s provide	ed: Ohio		
. Address of medical practice or facil	ity at wh	ich RU-486.w	as provi	ded: ghts, Oh	io 44	146
25350 Rockside R	1.	Bedtore	a Hec	3,00		
Date post RU-486 complication be	gan:	8/15/17				
. Event(s) (Please check all that app	y):	·	٠			
✓ Incomplete abortion	Adver	se reaction to I	XU-486	Patient hospita	lized	
	er ver					
Patient received a transfusionSev	ere bleedit	ig.				
	-					
Other serious event (specify)		1				2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. Duration of event: Ho	urs	Days				
6. Duration of event.					In this	to d pe
7. Remarks: Mc Lication	Woor	tron P	roced	we was	- on 81	15/17
7. Remarks: Mc Lication FDA regimen on 8/1	117:	At till	1100	pregum	cy- Su	rgical
FDA regimen on 8/1 utrasmind revented abortion was done to	ne St	me da	س در	me pt.	Tox me	U post-
8. a. Name of physician who provid	ed RU-48	36	Timo	thy Kress	مير.	<u> </u>
	The second secon		Lun	aus &	10/00	_
8. b. Physician's signature —		Date		7/1/17		
		ledical Board	of Ohio			a a
Send completed forms to:	State N	redical dodre		2 10	•	
	State N Departm	* *				
Legal	Departm	* *				

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

SEP 1 5 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

Date RU-486-was provided:	8			
	Month	Ď9A	Year	
Name of medical practice or facility at which RU Planned Parenthood of G	1-486 was provi	ded: Ohio		
Address of medical practice or facility at which F 25350 Rockside Rd. Be	RU-486 was pro edford He	vided: ights, Ohio	5 44146	
. Date post RU-486 complication began:	8/17			
Event(s) (Please check all that apply):  Incomplete abortion  Patient received a transfusion  Other serious event (specify)	eaction to RU-486	Patient hospitaliz	ed	
6. Duration of event: Hours	K-A.	in to ted as	er FDA VCGV	mer
7. Remarks: Med abortion procedus on 8/1/17. Bldodwork on 8/18/17 an incomplete abortion. Pt regimen on 8/22/17; ultrasoune complete.	chose to	117 showed	e moderation	200
8. a. Name of physician who provided RU-486 8. b. Physician's signature Dat	in Kr	mothy Kre MI 9/1/17	)/DO	
Send completed forms to: State Media Legal Department	cal Board of Oh	io		

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

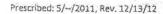
. Date RU-486 was provide	d:	8	, 2	- Total Control Contro	
	-	Month'	/ Ďsk	Year	
2. Name of medical practice Plunned Paren	or facility at which RU Hood of G	-486 was prov	Ohio		
3. Address of medical practice 25350 Rocksid	7	IU-486 was pro	ovided: eights, Ohio	44146	
4. Date post RU-486 complic	cation began: 10	317			
5. Event(s) (Please check all	that apply):		-	*	
✓ Incomplete abortion	Adverse re	action to RU-486	Patient hospitaliz	ed	
Patient received a transfusion	Severe bleeding			29 ·	
Other serious event (specify)		i .			
6. Duration of event:	Hours	_ Days			
7. Remarks: Vived ab Pt. returned for Showed a contin in 10/14/17; pt dd	procedure st follow-up on wing pregno well post-op.	10/3/17 noy. 50	Islin per fr atwhich - vgični abort	A protocol time with in was pe	reson
8. a. Name of physician who	provided RU-486	Tim	OTHY KRESS	, no.	
8. b. Physician's signature	Date	a K	11/10/2	-017.	
Send completed forms to:	State Medica	al Board of Oh	0	*	
	Legal Department  30 E. Broad St., 3 <sup>rd</sup> F	loor	MEDI	CAL BOARD	
	Columbus, OH 4321	15-6127	N	OV 17 2017	

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



(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provided:	8	, 9	17	
	Month	Day ,	Year	
2. Name of medical practice or facility at wh Planned Parenthood c-	rich RU-486 was pro F Greater	ovided:		
3. Address of medical practice or facility at v 25350 Rockside Rd.		rovided: leights, Ohio	0 44146	
4. Date post RU-486 complication began:	8/15/17			
5. Event(s) (Please check all that apply):				
Adv	verse reaction to RU-48	5 Patient hospitaliz	ed	
Patient received a transfusion Severe blee	ding			
Other serious event (specify)				
6. Duration of event: Hours	Days			
7. Remarks: Medicatum abortogramien on \$19117. At revealed a continuing promoted on 817/17 and the pt. dia	1 -1 - 1 - 1	THE CONTRACTOR	1 11 . 3 Parts 0	A STATE OF
8. a. Name of physician who provided RU-4	486	-08	20 / L. B	7/
8. b. Physician's signature	Date	MEDICY STORY	100 Hally V	
Send completed forms to: State	Medical Board of Oh	io OC	*	2
Legal Departm 30 E. Broad St				
	- 314 Flan-			





(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	Month'	Day :	Year
2. Name of medical practice or facility at wh Planned Parenthood of	ich RU-486 was prov F Greater	ohio	
3. Address of medical practice or facility at w 25350 Rockside Rd.	which RU-486 was pro Bedford Ho	ovided: eights, Ohio	44146
4. Date post RU-486 complication began:	8/24/17		
5. Event(s) (Please check all that apply):			
XIncomplete abortionAdv	verse reaction to RU-486	Patient hospitalized	
Patient received a transfusion Severe blee	ding		
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: Medication of 01 FDA (cymen on \$15/17. Showed absence of gestation Surgical aspiration was d			
8. a. Name of physician who provided RU-		isthy Kress	
8. b. Physician's signature Tuttle	Date	· 9/1/12	D.O
Send completed forms to: State Legal Depart	Medical Board of Oh	io	
30 E., Broad S		MED	ICAL BOARD

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)

To be completed by the physician who provided RU-486

<ol> <li>Date RU-486 was provided:</li> </ol>		9	1 0		* (	
		Month'	). Day		Year	-
2. Name of medical practice or Planned Parentl	facility at which RI	J-486 was prov	Ohio			
3. Address of medical practice of 25350 Rockside		RU-486 was pro eaford Ho	ovided:	)hio	4414	6
4. Date post RU-486 complication	on began:	(14(17				
5. Event(s) (Please check all tha	t apply):	·				
\(\sum_\)Incomplete abortion	Adverse re	eaction to RU-486	Patient ho	spitalized		
Patient received a transfusion	Severe bleeding					
Other serious event (specify)			6.9			
6. Duration of event: 1		- Company of the Comp				
7. Remarks: pned at predurined for follow showed a continuous formed on 10/14/	oracdure s o-up on " uing pregn or; pt dd	turted & politina a nuncing.	Surgica st-op	e abor	tions u	
7. Remarks: med ab prochured for follow	oracdure s o-up on " uing pregn or; pt dd	turted & politina a nuncing.	Surgica st-op	e abor	tions u	
7. Remarks: pned at prefurned for follow showed a continuous formed on 10/14/	rovided RU-486	turted & politina a nuncing.	Strop Strop	e abor	tions u	
7. Remarks: Med at 1 returned for follow showed a continue performed on 10/14/ 8. a. Name of physician who p	rovided RU-486	tarted & politina a well po	Sturgica st-op othy Kre	e abor	tions u	
7. Remarks: Med ab Production of formed for follow chours a confirmed on 10/14/8. a. Name of physician who passician signature  Send completed forms to:	procedure s or op on 19 or of or op or of	tarted for of the cal Board of Oh	Sturgica st-op othy Kre	e abor	tions u	
7. Remarks: Med ab Procharmed for follow showed a confirmed on 10/14/8. a. Name of physician who passician's signature  Send completed forms to:	rovided RU-486  Turu  State Medi	tarted for old floor	Serryica st-op othy Kre	e abor	D.	2



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

. Date RU-486 was provided:	. 9	8	1 1	1
	Month	Day	Year	
. Name of medical practice or facility at wh Planned Parenthood of	ich RU-486 was provid F Greater (	ed: Ohio	e de la companya de l	
2. Address of medical practice or facility at w 25350 Rockside Rd.	which RU-486 was prov Bestford He	ided: ights, Ohio	44146	5
4. Date post RU-486 complication began:	9/19/17			
5. Event(s) (Please check all that apply):				
∑Incomplete abortionAdv	verse reaction to RU-486	Patient hospitalize	ď	-
Patient received a transfusionSevere blee	ding			
Other serious event (specify)				
6. Duration of event: Hours	Days			
7. Remarks: Medication ab problements: Medication ab problements: Medication ab problements of the completed of aspiration completed on 8. a. Name of physician who provided RU-	showed cond 9/23/17; pt	nothy Kre	ss , .w.D.	Slivgic
7. Remarks: Medication ab problements: Medication ab problements: Medication ab problements as produced as produced months of the completed of the complete of the completed of	showed cont 9/23/17; pt	nothy Kre	ss , .w.D.	Surgic
6. Duration of event: Hours  7. Remarks: Medication ab problement of physician who provided RU- 8. a. Name of physician who provided RU- 8. b. Physician's signature  Send completed forms to: State	cedure starte showed cond a/23/17; pt 486 Tim Date S. K	nothy Kre	ss , .w.D.	Surgic
7. Remarks: Medication ab problements: Medication ab problements: Medication ab problements as piration completed in 8. a. Name of physician who provided RU-8. b. Physician's signature	cedure starte showed cond a/23(17) pt 486 Tim Date S. K Date — Medical Board of Ohio ment	nothy Kre	\$\$, MD \\\ \D	Surgic

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

What didn't they tell you? ThisClinicHurtsWomen.com

OCT 2 0 2017



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided	d:	'9'	. 13		
	_	Month	Day		Year
2. Name of medical practice Planned Pare					
3. Address of medical practic				OIA	ЦЦЦЬ
4. Date post RU-486 complic	ation began:				
5. Event(s) (Please check all	that apply):	,		A A A A B A B A B A B A B A B A B A B A	
Incomplete abortion	Adverse rea	ction to RU-486	Patient ho	spitalized	
Patient received a transfusion	Severe bleeding				7
Other serious event (specify)					histor dissiparates
6. Duration of event:	Hours	Days			
7. Remarks: Med ch protocol. Follow- incomplete aborti pregnancy. Su did well post.	m and but rgical uborth	e on lo	moted or 0/3/17 mi d show performe	lis (17 idented a)	per FDA  continu  obs/175, pt
8. a. Name of physician who	1 Table 1 Tabl	Timo	THY KRE	56, MY	Э.
8. b. Physician's signature	Tuncu	e Ku	~~~	MOVA	0
	Date		. 11/10/	2017.	was and the same of the same o
Send completed forms to:	State Medica	Board of Ohi	0		
to the second se	Legal Department				
	30 E. Broad St., 3 <sup>rd</sup> Fl	oor		MEDIC	AL BOARD
	Columbus, OH 4321	5-6127			17 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.

Date RU-486 was provided:				1
		Month'	. Day	Year
Name of medical practice of	or facility at whi thood of	ch RU-486 was prov	Ohio	
. Address of medical practice	e or facility at w	hich RU-486 was pro Bestford Ho	ovided: eights, Ohio	44146
. Date post RU-486 complica	ation began:			
Event(s) (Please check all t	Adv		Patient hospitalize	
Patient received a transfusion  Other serious event (specify)				
	Hours	Days		
6. Duration of event:				
7. Remarks: Mes aby Follow-up with aso Surgical asperat	procedure	Started or 10/11 show no 10/11	(17) pt ded	well post-op
7. Remarks: Wes ab	o provided RU-	Started or 10/11 show no 10/11	MOTHY KRES	well post-op

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



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	Month Day Year
Name of medical practice or faci Planned Parenthoo	ility at which RU-486 was provided: od of Greater Ohio
Address of medical practice or fa 25350 Rockside (	Rd. Bestord Heights, Ohio 44146
. Date post RU-486 complication b	began: 11/10/17
5. Event(s) (Please check all that ap	pply):Adverse reaction to RU-486 Patient hospitalized
Patient received a transfesionS  Other serious event (specify)	
6. Duration of event:	Hours Days
7. Remarks: Mcd ab proc FDx criteria Follo Continuing presno and pt. did well	cess was initiated on 10/21/17, following ownp ultrasound on 11/10 showed oncy. Surgical ab was done on 11/10/17.  post-op:
8. a. Name of physician who prov 8. b. Physician's signature —	Date 12/5/17
30	State Medical Board of Ohio  gal Department  E. Broad St., 3 <sup>rd</sup> Floor  Jumbus, 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

. Date RU-486 was provided:	Mo	onth -	G 17 Day Year
Name of medical practice of Planned Parent	rfacility at which RU-486 hood of Gre	was provided: ater Oh	10 M M. n )
3. Address of medical practice 25350 Rockside	7 . 1	86 was provided: ord Height	-s, Ohio 44146
4. Date post RU-486 complica	tion began: 12/29	1.17	
5. Event(s) (Please check all the incomplete abortion  Patient received a transfusion  Other serious event (specify)	Adverse reaction	n to RU-486 Pa	atient hospitalized
6. Duration of event:			
	is noted. Swrzi	and aspiro	on 12/9/17 per FDA: on 12/29/17 and thin was performed
8. a. Name of physician who 8. b. Physician's signature			~~ MD/00 5118
Send completed forms to:	State Medical Bo Legal Department 30 E. Broad St., 3 <sup>rd</sup> Floor Columbus, OH 43215-6		MEDICAL BOARD

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	2017
	Month	Day	Year
2. Name of medical practice or facility at which R	U-486 was provi	ded:	
Northeast Othio Women	s Cente	· r	
3. Address of medical practice or facility at which	RU-486 was prov	vided:	
2127 State Rd C	yahoga d	Falls Office	44223
4. Date post RU-486 complication began:			
5. Event(s) (Please check all that apply):			
Incomplete abortion Adverse re	action to RU-486	Patient hospitalized	
Patient received a transfusion Severe bleeding			
Other serious event (specify)			
6. Duration of event: Hours	Days		
7. Remarks: post med AB patis Soic w/ No fetal pole developede on 7/27/17 to Complete her	ent had A Remaining	a remaining	y gestational rad DEC
8. a. Name of physician who provided BU-488	Dr. DAI	110 Buckens	
8. b. Physician's signature  Date	9/1/	) (M)/D	.0
Send completed forms to: State Medical	Board of Ohio		
Legal Department			
30 E. Broad St., 3 <sup>rd</sup> Flo	oor		
Columbus, OH 43215	-6127	MEDICAL BO	ARD

SEP 1 5 2017
What didn't they tell you?
ThisClinicHurtsWomen.com



(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	7	13	2017
	Month	Day	Year
2. Name of medical practice or facility at w	hich RU-486 was provid	led:	1001
Northeast OHic Women's			
3. Address of medical practice or facility at v	which RU-486 was prov	ided:	
2127 State Rd Cuyal	10ga falls 44	273	
4. Date post RU-486 complication began:			
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		
Other serious event (specify)			
5. Duration of event: Hours	Days		
Neavy bloeding and on but pregnancy was resolv	Post Medication ultra sound the	in Aboration re was re	1. She had emaining tusue 8/22/17
. a. Name of physician who provided RU-48	\$ 1 -95 kg		
end completed forms to: State Me	edical Board of Ohio		
· Legal Departme			
30 E. Broad St.,	3 <sup>rd</sup> Floor		
Columbus, OH	43215-6127		

MEDICAL BOARD

SEP 1 5 2017

(Required pursuant to R.C. 2919.123)

1. Date RU-486 was provi	ded:	October Month	Day /	2 0 17 Year
2. Name of medical practi	e or facility at which	RU-486 was provided: Woman's	Center	
3. Address of medical practical prac	Fall, Ohl  Ilication began:  (4 )  Il that apply): Adverse			
Other serious event (specification)  6. Duration of event:		_ Days		
7.5.		r preformal.	m 11/14/17	
8. a. Name of physician wh 8. b. Physician's signature		11/10/2	Watson MD/DO	
Send completed forms to:	State Medica	al Board of Ohio		
	Legal Department			
	30 E. Broad St., 3 <sup>rd</sup> F	loor	MEDICAL	BOAR
	Columbus, OH 4322	15-6127	NOV 2	