State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	09	01	2014	
	Month	Day	Year	
2. Name of medical practice or facility at which	RU-486 was provid	ed:		
The Founder's Wome	en's Health	Center		
6 11 1 2 2 6 216		an provided:		
3. Address of medical practice or facility at	Wnich KU-486 v	vas provided.		t.
1243 & Broad St	610	4 4 3205		-
4. Date post RU-486 complication began:	^			
(1-15-16			
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)				
6. Duration of event: 4 Hours	Days			
7. Remarks: Pregnancy Still	Intact			
t)				
8. a. Name of physician who provided RU-	486 <u>Kar</u>	1 Schaef	fer mo	
Va.	Schook	Ser, ac	(MRIDO	
8. b. Physician's signature	10-21-	17	(IVI.D/D.O	
	Date 10 31	* \$		
Send completed forms to:				

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 03 2017

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	08	04	2016	
	Month	Day	Year	
2. Name of medical practice or facility at				
1243 Colu	East Broad Street mbus, Ohio 43205 614) 251-1800	ter		
3. Address of medical practice or fac	ility at which RU-486 v See cu	was provided:		
4. Date post RU-486 complication be	gan:	-210-16		
5. Event(s) (Please check all that app	ly):			
V	Adverse reaction to RU-486	Patient hospitalize	d	
Patient received a transfusion Severe l	oleeding			
Other serious event (specify)				
6. Duration of event: 4 Hours	D Days			
7. Remarks: D+C procedure, P	oc Sent to Par	thologist.		
Diagnosis: Necrotic	villitacidua Ce	mastanti non	viable Pregnancy	
8. a. Name of physician who provide	ed RU-486 Ko	rl Schaef	fer MD	ordina est a company de la com
8. b. Physician's signature	arl Tchas	16	M.D/D.O	

Send completed forms to:

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Legal Department

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Columbus, OH 43215-6127

MEDICAL BOARD

NOV 0 3 2017

What didn't they tell you? ThisClinicHurtsWomen.com

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

Date RU-486 was provided:	08	18	2014	
	Month	Day	Year	
2. Name of medical practice or facility at which	RU-486 was provi	ded:		
7 1.3	.1			
THE FOUNDER'S Women's	Health Cent	er		
Address of medical practice or facility a	t which RU-486	was provided:		
10.0				
1243 E BROAD ST	COL DH	43205		
4. Date post RU-486 complication began:				
	9-01-16			
5. Event(s) (Please check all that apply):				
	-			
Incomplete abortionAdvers	e reaction to RU-486	Patient hospitalize	ed	
Patient received a transfusion Severe bleedin	g			
Dead	IS IN UT	ERUS		
Other serious event (specify)	12 18 01	5603		
6. Duration of event: Hours 15	Days			
7. Remarks: Uterine Contents Su	ctioned D	tC.		
			il a lora activ Decidua .	
The state of the s	.D . Diagnos	CONSIST	ili +Nezvotic Decidura;	ny
8. a. Name of physician who provided RU	-486 K q	irl Schaet	er md	
S. b. Shinisian's simulation Ko. I	Schaet	Le	M.D/D.O	
8. b. Physician's signature	3007	10-21-12	M.D/D.O	
	Date	(0-21-(7		
a la como describió	N 1000			11 TO 10

Send completed forms to:

State Medical Board of Ohio

Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

MEDICAL BOARD

NOV 03 2017

What didn't they tell you? ThisClinicHurtsWomen.com

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to ORC 2919.123)

To be completed by the physician who provided RU-486

 Date RU-486 was provided: 	- Commander	10	2014
	Month	Day	Year
2. Name of medical practice or facili			
The Founder's 1	Nomen's Health lenter		
3. Address of medical practice o	or facility at which RU-486 was p	rovided:	
			3
1243 E.BI	Roadst Colon 4	5105	
4. Date post RU-486 complication	on began: 11-28-2016		
5. Event(s) (Please check all tha	t apply):		
Incomplete abortion	Adverse reaction to RU-486	atient hospitalized	
Patient received a transfusion S	Severe bleeding		
	Retained POC D	+0	
Other serious event (specify)	1000000 10 - 10		
5 Duration of events 41 Us	Davis		
6. Duration of event: 41 Ho	ours _/_ Days		
7. Remarks:			7
O - Name of physician who pr	avided PILAGE Karl S	chaeffer 1	m D
8. a. Name of physician who pr	Kay Schaet		
8. b. Physician's signature			N_D/D.O
	Date 10-30-		
Cond completed forms to:			
Send completed forms to:	State Medical Boa	rd of Ohio	
	Legal Department		
	30 E. Broad St., 3 rd Floor		MEDICAL BOARD
	Columbus, OH 43215-612	7	NOV 0 3 2017