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 Topeka, KS 66601-9738
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MEDICAL RDB REQUEST

*Case Number	
*Primary Applicant Name	
RDB REQUEST	
*Action Needed	
Resource ID (if updating)	
*Image Location (doc type, received date, pg. #)	
* NAME: Med Rep / Facilitator / Guardian / Active Nursing Facility List (Addition or Removal)	
*Address	
*Phone Number	
*Phone Number Type (Home/Cell/Work etc.)	
Current Address in KEES (if updating)	
Comments:	
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