



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Aja

FIRST NAME

Gshrstt

LAST NAME

976-444-2677

CONTACT NUMBER

976-986-4446

ALTERNATE NUMBER

## COMPANY DATA BASE

[aja\\_gehrett@gmail.com](mailto:aja_gehrett@gmail.com)

EMAIL ADDRESS

Newport News  
Pediatrics

COMPANY NAME

<http://www.chkd.org>

WEBSITE URL

11760 Rock Landing Dr

Address

Newport News

City

Virginia

State

23606-4204

ZIP Code

General Practice Medical Services

SIC DESCRIPTION

8511

SIC CODE

Subsidiary

ENTITY TYPE

Unknown

COMPANY SALES

688,700.02

REVENUE (USD)

Virginia

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



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1782