



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Rolande

FIRST NAME

Spickerman

LAST NAME

808-315-3077

CONTACT NUMBER

808-526-5863

ALTERNATE NUMBER

COMPANY DATA BASE

rolande.spickerman@spickerman.com

EMAIL ADDRESS

Chiropractic Health
Center, Inc.

COMPANY NAME

www.drrobertm.com

WEBSITE URL

1346 W Foothill Blvd

Address

Campbell

City

CA

State

95008

ZIP Code

Health Services

SIC DESCRIPTION

8041

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

59,600.00

REVENUE (USD)

Santa Clara

COUNTRY/REGION

YES

MEDICAL INSURANCE



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



+1 (904) 117-
1782