



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

M

FIRST NAME

Harris

LAST NAME

631-258-6558

CONTACT NUMBER

631-295-9879

ALTERNATE NUMBER

## COMPANY DATA BASE

gmail@geraldedelman.com

EMAIL ADDRESS

Chrysalis Plastic  
Surgery

COMPANY NAME

www.drjonathanle.com

WEBSITE URL

1990 N California Blvd

Address

Campbell

City

CA

State

95008

ZIP Code

Health Services

SIC DESCRIPTION

8011

SIC CODE

Parent

ENTITY TYPE

Under \$500,000

COMPANY SALES

163,399.99

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