



# CLIENT OPENING SURVEY FORM

Male  
MR./MRS./MISS

Christopher  
FIRST NAME

Rosky  
LAST NAME

9084617147  
CONTACT NUMBER

810-374-9840  
ALTERNATE NUMBER

## COMPANY DATA BASE

roskaman03@gmail.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