



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Fabiola

FIRST NAME

HRusnstsinn

LAST NAME

717-809-6119

CONTACT NUMBER

717-644-2804

ALTERNATE NUMBER

## COMPANY DATA BASE

[fabiola.hauenstein@hauenstein.org](mailto:fabiola.hauenstein@hauenstein.org)

EMAIL ADDRESS

Occupational and  
Industrial Orthopaedic

COMPANY NAME

<http://www.popmail.med.nyu.edu>

WEBSITE URL

550 1St Ave

Address

New York

City

New York

State

10016-6402

ZIP Code

Hospitals (Except Psychiatric Hospitals)

SIC DESCRIPTION

8401

SIC CODE

Independent

ENTITY TYPE

Unknown

COMPANY SALES

87,200.00

REVENUE (USD)

New York

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