



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Ressie

FIRST NAME

Ruffrsy

LAST NAME

604-604-8981

CONTACT NUMBER

604-287-4746

ALTERNATE NUMBER

COMPANY DATA BASE

ressie.auffrey@yahoo.com

EMAIL ADDRESS

Casha-Cross
Chiropractic, INC

COMPANY NAME

www.sacramentobackdr.com

WEBSITE URL

5330 Primrose Dr

Address

Fair Oaks

City

CA

State

95628

ZIP Code

Health Services

SIC DESCRIPTION

8041

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

688,700.02

REVENUE (USD)

Sacramento

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