

# Far Infrared Photon Projector

[COMMENTS FORM](#) - We'd love to hear about your experience.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Operator/Therapist: \_\_\_\_\_ Program Crystal: \_\_\_\_\_

Projector Model: \_\_\_\_\_ Location: \_\_\_\_\_

Energy Sensations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Sensations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommend This Experience: \_\_\_\_\_