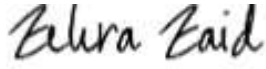


DEA License Explanation  
(Dental)

Date: 07/30/2025

Provider Name (Printed) ZEHRA ZAID

Provider Name (Signature): 

Practice Address: 14422 Orchard Pkwy, Ste 200, Westminster CO 80023

NPI TYPE 1 (INDIVIDUAL): 1578000329

I do not currently have a DEA license in the State for which I am applying for participation with Zelis. In the event the need arises for a patient to obtain a prescription that requires a DEA license to prescribe, I would refer them to professional colleague with an active DEA license.

The provider I will be referring to is:

Name: BRETT BURANA

DEA: FB6229733

(If different from above) Otherwise, I would:

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This form should be returned with the initial application. If being submitted as part of missing or follow-up information, please submit to the requestor or to [dentalppo@zelis.com](mailto:dentalppo@zelis.com) or fax 888-458-2138

