

**Danbury Hospital**  
**Physician Profile Summary**

**General Physician Information:**

Name: **Leila Chahine, DMD**  
First MI Last (Jr./Sr.)

Title: MD( ) DO( ) DDS( ) Ph.D.( ) **Other: DMD**  
Administrative title (if applicable):

Gender: Male ( ) Female ( X )

Birth Date: 10/2/1965

Category of Staff Privileges: Dentistry

Staff Status: Active

Department: Dentistry  
Section: N/A

**Formal Education:**

**Institution Name**

**Years**

Medical degree	
University of Connecticut Dental School	8-1993 to 5-1997
Internship(s):	
Residency(ies):	
Fellowship(s):	

**Specialty(ies):**

**Board Certified?**

Dentistry	No
Dental Sleep Medicine	Yes

**Previous Medical Staff Appointments & Academic Affiliations:**

Private Practice with Dr. Showah: 1997 to present

**Major Clinical Areas of Interest:**

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**Office Information:**

Group Practice Name: Henry J. Showah, DDS, PC

Primary Address: 16 Hospital Avenue; Danbury State CT Zip Code 06810

Additional Addresses 1) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: ( 203 ) 744-1814 Fax Phone Number: ( 203 ) 790-0831

Languages Spoken: N/A

Preferred E-mail address: Hospital \_\_\_\_\_ Personal Leila\_dmd@yahoo.com