

**Danbury Hospital  
Physician Profile Summary**

**General Physician Information:**

Name: **Rilee N. Chowlera, MD**

First MI Last (Jr./Sr.)

Title: MD( ☒ ) DO( ☐ ) DDS ( ☐ ) Ph.D. ( ☐ ) Other:

Administrative title (if applicable):

Gender: Male ( ☐ ) Female ( ☒ )

Birth Date: 09/21/1973

Category of Staff Privileges: Endocrinology

Staff Status: Active

**Formal Education:**

**Institution Name**

**Years**

Medical degree	
The Sophie Davis School of Biomedical Education/City University of New York Medical School New York University School of Medicine	9-1991 to 6-1996 7-1996 to 5-1998
Internship(s):	
North Shore University Hospital – Manhasset, NY	7-1998 to 6-1999
Residency(ies):	
North Shore University Hospital – Manhasset, NY	7-1999 to 6-2001
Fellowship(s):	
Rhode Island Hospital/Brown University Medical School – Providence, RI Banner Good Samaritan Regional Medical Center – Phoenix, AZ	7-2002 to 6-2003 7-2003 to 6-2004

**\*\* Gaps:**

7-2001 to 11-2001: Studying for Internal Medicine Board – Job searching

7-2004 to 01-2005: Studying for Endocrinology Board – Job searching

7-2005 to 09-2005: Applying for privileges @ multiple facilities

9-2007 to present: Job search and caring for ill family member

**Specialty(ies):**

**Board Certified?**

Internal Medicine	Yes
Endocrinology	Yes

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

Private Practice in Internal Medicine (Astoria, NY):	11-2001 to 6-2002
The Mount Sinai Hospital of Queens (Queens, NY):	4-2002 to 7-2005
Urban Health Plan (Bronx, NY):	1-2005 to 7-2005
St Catherine of Siena Medical Center (Smithtown, NY):	9-2005 to 11-2007
Sound Endocrinology (Stony Brook, NY):	9-2005 to 9-2007
Mather-St Charles Hospital/Health Alliance (NY):	9-2005 to 9-2007

**Major Clinical Areas of Interest:**

**Office Information:**

Group Practice Name: DOPS – Endocrinology

Primary Address: 25 Germantown Rd; Danbury State CT Zip Code 06810

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

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

Phone Number: ( 203 ) 731 - 2020 Fax Phone Number: ( 203 ) 731-2030

Languages Spoken: N/A

Preferred E-mail address: Hospital \_\_\_\_\_ Personal rchowlera@earthlink.net